

THE ANNUAL SURVEY
OF PSYCHOANALYSIS
VOLUME VI

THE ANNUAL SURVEY OF PSYCHOANALYSIS

A comprehensive survey of current
psychoanalytic theory and practice.

VOLUME VI

1955

Edited by

JOHN FROSCH, M.D.

and

NATHANIEL ROSS, M.D.

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Members of the Editorial Board and Contributing Editors have been working with enthusiasm on a reorganizational plan which, it is hoped, will serve to close the time gap between the literature and issues of the Survey. Special mention should be made of a key person in this plan, Mrs. Janet Berne, our Executive Assistant, whose role in facilitating better communications among all participants has been invaluable. Miss Helen Kaste, who aids her with secretarial assistance and technical advice, has been of enormous help. Special gratitude is due our Office Coordinator, Miss Anne Gwynn, whose devotion, loyalty, and overall literate knowledgeability have been a constant source of pleasure and delight. Mrs. Lottie M. Newman, our Editorial Assistant, continues to guide us with unerring skill through the maze of psychoanalytic literature. Her Index is one of the strong features of the Survey. Finally, our gratitude is extended to Dr. A. S. Kagan, the Publisher, who meets every suggestion and request with unreserved cooperation.

To all of these, and more, our deep appreciation.

THE ANNUAL SURVEY
OF PSYCHOANALYSIS
VOLUME VI

Chapter I

HISTORY

SIGMUND GABE, M D

The contributions to the history of psychoanalysis in the year 1955 may conveniently be grouped under the following headings

- I Biographical Studies
- II Studies Pertaining to Freud's Work
- III The Development of Psychoanalytic Societies

I BIOGRAPHICAL STUDIES

In 1955, Volume II of ERNEST JONES'S *THE LIFE AND WORK OF SIGMUND FREUD* (142) appeared. It is subtitled 'The Years of Maturity' and covers the period of Freud's life from 1901 to 1919. It is divided into three parts. Part I deals with the events in Freud's life from the turn of the century through the years of the First World War, including the establishment and the vicissitudes of the early years of organized psychoanalysis. During those years, Freud emerged from his 'splendid isolation,' and his ideas began to gain international recognition and to attract adherents in various countries. Local organizations of psychoanalysis began to spring up, and in 1910 the International Psycho-Analytical Association was organized. Psychoanalysis successfully withstood wide spread violent opposition from the outside world and dissensions and schisms from within. As an active participant in those struggles, Jones gives an authoritative and vivid account of these history making events. Part II consists of an exposition and summary of Freud's work during this period. In numerous papers, essays, and books, he worked out in detail the fundamental ideas he had already advanced. The libido theory was fully elaborated and its applications in many fields explored. Besides clinical contributions of outstanding importance, Freud's studies reached out into the fields of anthropology, religion, aesthetics, prehistory, and

pure psychology Part III contains a description of Freud's mode of life and a delineation by Jones of Freud's character and personality

The publication of Freud's letters to Fliess in 1950 has provided a rich source of material for the study of the origins of psychoanalysis and of Freud's creative development It has already given rise to a number of studies and will no doubt continue to stimulate research for many years to come In his paper, FREUD'S 'THE ORIGINS OF PSYCHOANALYSIS,' ERIK H. ERIKSON (77) reviews the book on the occasion of its appearance in English translation and reveals the light cast by Freud's letters on the interrelationship of his times and motivations of his creativity, and the obstacles he had to overcome in making his discoveries

Erikson points out that a correspondence like that between Freud and Fliess constitutes a traditional form of sublimated homosexuality It invites a mutually stimulated 'correspondence transference' At the time this correspondence started, Freud had recently been married, was breaking with Breuer, and was challenging the danger of investigating sexuality He had just begun practice as a specialist and could fulfill neither the self image of an academic research worker nor of the physician who dedicates himself to 'the whole patient' Like many other creative men, he needed a co-conspirator to fortify himself against super ego guilt and social shame He required a new ideal, and he turned to Fliess as Jones observed, for sanction Probably this was the first transference in history which through its own discovery, led to therapeutic liquidation

Freud constantly faced oedipal guilt and the sense of *hybris*—of challenging the gods A resultant depression led Fliess to treat him by prescribing smoking and by nasal cautery From this followed the first intensification of the transference in April 1894 The letters convey Freud's beginning awareness that the observer's motives influence his awareness of the unconscious, and that such insights cannot be communicated without the ambivalent involvement of the communicators

By the spring of 1895, Freud seemed to have regained full ego equilibrium, although he still spoke of the state of mild discomfort in which he worked best The smoking prohibition had been renounced the Irma dream and the role of wish fulfillment in dreams had been understood In the fall of 1895, the Project, 'The Psychology for Neurologists' was written, to be almost immediately recanted However, in this essay appeared forerunners of concepts like ego organization, the structural approach the role of early object relations and morality, and problems of communication

It is typical of creative men in new fields to carry over methods of

their first identity as workers so with Freud. He constantly sliced psychopathological sections gradually establishing a genetic dimension. Interest in fetal origins was replaced by interest in prehistory, the search for lesions was replaced by a search for traumatic scenes, the tracing of neural pathways by the tracing of memories. Emphasis on the seduction theory under the influence of Freud's father conflict (now greatly influenced by the illness and death of his father) led to stubborn efforts to pin the trauma of seduction on a scene of perverse seduction by the father. Despite this blind spot, he discovered the erotogenic zones and the stages of libido. Slowly Freud realized the neurotic aspects of this theory, and, finally, in the fall of 1897, he recognized the father image as part of the universal oedipus complex. His self-analysis could break through in the mother image and he now became able to employ work methods he had formerly rejected as feminine. Probably the father conflict had been intensified not only by the usual taboos against filial death wishes, but also by an inaccessible element of mother fixation in the transference to Fliess. The first signs of this appeared in the conflict about smoking. Plainly, he saw the relations between resistance to one's unconscious and resistance to understanding the patient.

Freud's letters shed light on the life cycle and its phasic pathology but they also afford glimpses of ego changes in creative states. There were frequent references to anxious and depressed states and to Freud's phobia. None of these were ever truly incapacitating. The railroad phobia was related to the loss of immigration of mother and *Kinderfrau*, to seeing his mother in the nude and ultimately to fears of impoverishment by abandonment—all infantile sources but intensified by the life crisis of professional displacement. Throughout, there was an exaggerated sense of the passage of time and fear of early death before the achievement of a lasting contribution as a thinker, sometimes expressed metaphorically as a fear of missing the train. Toward the end of the correspondence the desire for next Easter in Rome emerged. It was probably based on an identification with Moses and Hannibal with the homeless Jew, and probably also on the infantile wish to re-experience the wonder of the holiday of resurrection once imparted by his *Kinderfrau*.

The break through that enabled Freud to pursue the symbolism of dreams also led to awareness that he must go it alone. Freud recognized Fliess's deep resistance to his discoveries as well as his own neurotic attachment to Fliess and his wish to prolong it. As *The Interpretation of Dreams* progressed, the breach with Fliess widened. Freud had to become his own father and—as it were—the father of a people of his own. He had to take on himself a depressively resigned orientation like much older Jews who in a filial integrity crisis take the curse of their people.

on themselves ' Like a latter day Moses, he said, "It will be fitting punishment for me that none of the unexplored regions of the mind in which I have been the first mortal to set foot will ever bear my name or submit to my laws '

Erikson finds the English translation of the letters to be on the whole accurate. It is at its best in the impersonal scientific sections, in the more personal areas the translation fails to convey much of the color and shading of the warmth that existed between the two men.

As Freud's ideas began to gain recognition and attract adherents, the time became ripe for the establishment of an organization of psychoanalysis. Shortly after the founding of the International Psycho-Analytical Association signs of growing dissension within the ranks began to manifest themselves. Before long, organized psychoanalysis was rocked by a number of schisms the first and most important being those involving Adler and Jung. PAUL ROM (233), in his paper, ADLER'S RELATIONSHIP TO FREUD, reviews the clash between Adler and Freud on the basis of contemporary testimony. This paper, which is a part of Rom's book *Alfred Adler, the Founder of the Scientific Knowledge of Man*, is decidedly partial to Adler. The relationship between Adler and Freud, their discord and final breach are described in testimony by several contemporaries. Manes Sparber, one of the earliest followers of Adler, reports on Freud's unfriendliness toward Adler. When Freud was ridiculed at the meeting of the Vienna Medical Society, Adler sided with him. When, shortly thereafter, Adler took a patient to Freud for consultation, Freud contradicted his diagnosis but later had to change his opinion and said to Adler: "You are right, but I am greatly astonished that it is you who are right." In Freud's discussion group and later in the Vienna Psychoanalytic Society, of which Adler was president for a time, Adler never shared Freud's view that the etiology of the neuroses could be explained by repression of libido. When Adler presented his papers on organ inferiority he was ignored and when he criticized Freud's theory of sexuality Freud answered not objectively, but with personal attack, whereupon Adler left the group.

Hanns Sachs verified this sequence of events. He wrote that Adler's resignation from the Psychoanalytic Society was a logical consequence of the fact that Adler denied the role of infantile sexuality, of repression, and of the unconscious. Some other members followed Adler. However, they shared not his ideas but his reproach against Freud of intolerance.

Fritz Wittels wrote about Adler's discussions with Freud as follows: "A fight was going on but it was not a striving for clarification, for it

was evident that his ideas were thought out with finality. It was a wrestling for the courage to stand up for them since there was no doubt that this had to lead to a breach with a man like Freud whose equal one could not expect to find in life again.

Wilhelm Stekel reported how Adler first tried to adapt his ideas to Freud's theories and how Freud was interested in them and sought a compromise. Stekel tried to mediate. It should be tried to find a common denominator for the different theories and it would be ridiculous to believe that every divergence from Freud would represent a sort of rebellion. Such attitude is incompatible with the idea of freedom of science. However the majority led by Max Steiner was against Adler whereupon he and eight of his followers left the room.

Freud who at first gave Adler some recognition became increasingly negative especially to Adler's view of the will to power. However at the Nuremberg Congress Adler was successful in opposing Freud's plan to make Carl G. Jung the lifelong president of the psychoanalytic organization and to invest in him the authority to decide the acceptance and rejection of all psychoanalytic publications.

Rom quotes a protest by Adler that he was never a disciple of Freud that he always drew the line between individual psychology and psychoanalysis much more sharply than Freud and that over the subsequent twenty five years his individual psychology had a definite influence upon the development of psychoanalysis.

Even more than the rift with Adler the defection of Jung caused Freud deep disappointment and regret. ROBERT A. CLARK (51) in a paper entitled *JUNG AND FREUD* reviews the relationship between the two men and presents a brief biography of Jung including some of his ideas on psychiatry and metaphysics.

Jung the son of a Protestant minister was born in Kesswil Canton Thurgau Switzerland in 1875. Jung's grandfather and great grandfather were physicians and the young man never considered the possibility of anything but medicine as a career. He graduated from the University of Basel in 1900 and took postgraduate training in psychiatry at the cantonal mental hospital and under Bleuler in Burghölzli. From his student days on Jung had been interested in spiritualism and psychic research. His first publication was entitled *The Psychology and Pathology of So called Occult Phenomena*. Inspired by the Swiss psychologist Claparede and his work on word association studies Jung applied this method to the unconscious. He also linked word association to the psychogalvanic reaction.

As early as 1902 Jung made reference in his writings to some of

Freud's work, e.g., *Studies in Hysteria* and *The Interpretation of Dreams*. By the following year, he was reading Freud's papers extensively. Encouraged by Bleuler, Jung began applying Freud's theories to his patients at Burghölzli. In *The Psychology of Dementia Praecox*, which resulted from these studies, Jung pleaded for a 'fair hearing of Freud's ideas'. Jung met Freud in Vienna in 1907, and the two men were closely associated for five years. During this period both men greatly respected each other.

Jung accompanied Freud to America and delivered lectures at Clark University on word association experiments and child psychiatry. After returning from America, Jung became increasingly occupied with legends and myths. Divergence from Freud's theories soon began to manifest itself. In 'Transformations and Symbols of the Libido,' Jung denied the primarily sexual origin of neurosis as follows: "The sexual fantasies of the neurotic and the exquisite sexual language of dreams are regressive phenomena. The sexuality of the unconscious is merely a symbol

a step forward to every goal of life but expressed in the unreal language of the unconscious'. In other writings appearing in 1913, Jung continued to express himself in the same vein. 'There are no fixed symbolic meanings. Every symbol has more than one meaning. I can therefore not admit the correctness of exclusively sexual interpretation.

I have come to the conclusion that these religious and philosophical needs of the human must receive positive consideration at the hands of the analyst."

Freud could not accept Jung's criticisms and innovations. In 1914 he wrote 'Jung's modification has slackened the connection between the phenomena and the instinctual life'. He denounced it as "so unintelligible, muddled and confused, that it is not easy to take any attitude toward it.' Freud regarded 'the previous theological history of so many Swiss workers as an explanation of their alleged obligation not to permit ethics and religion to be sexualized. After the Munich Congress, Freud stated that he and Jung 'took leave from one another without feeling the need to meet again'. From then on Jung devoted himself to the task of elaborating his new psychology.

II STUDIES PERTAINING TO FREUD'S WORK

Freud arrived at psychoanalysis by way of neuropathology, hence his contributions to brain pathology have an important bearing on the origins of psychoanalysis. But aside from their bearing on the development of psychoanalysis these contributions are relevant and significant in the present situation of cerebropathological research, as PAUL VOGEL

(278) shows in his study SIGMUND FREUD'S CONTRIBUTION TO BRAIN PATHOLOGY

The theories of Meynert and Wernicke from which Freud started were systems of projection and of association. The cortex was considered the command station of the ego where all impulses from the periphery were received and made conscious as the nerve fibers projected the picture of the world upon the hemispheres of the brain from which motor impulses originated. The various parts of the cortex were thought to be interconnected by the association fibers which had no connection with the periphery and which made the conscious elaboration of the projected impulses possible. Freud argued that if Meynert's projection theory were correct the number of fibers entering the spinal cord should be the same as the number of fibers leaving it at the cervical end. This is not so. In the grey substance of the spinal cord a reduction of fibers takes place so that a projection could possibly occur in the spine but not in the cortex. Moreover on the way to the cortex the fiber tracts are in many places interrupted by grey substance which is not simply passed through as Meynert thought but has a functional influence upon the conveyed impulses. Freud proposed to reserve the idea of projection for the spinal cord and to call the principle of organization in the cortex representation. It took several decades for neuropathologists to accept Freud's view of the central nervous system as a transforming organ instead of a projective somatotopic one. Freud exemplified his theory in his studies of organic and hysteric paralyses. The distribution picture of cerebral paralysis cannot be understood from the theory of projection but only from the principle which he called representation.

In his study on aphasia Freud dealt mainly with the association theory. Speech was considered a prototype of the association function in the brain. Freud introduced into the concept of a stationary anatomic model the more flexible view of the order of function. He understood paraphasia as a functional symptom, a sign of diminished action of the speech association apparatus in general. The symptom is not only due to organic lesion; it also occurs in the healthy person under the influence of fatigue or distraction of attention or disturbing affects. The later, crucially important view of slips of the tongue was here anticipated.

Freud accepted Jackson's biologic principle that a highly organized apparatus in a state of pathologic disintegration undergoes a functional regression to an earlier stage of development. This explains why in aphasic disturbances a later acquisition, e.g. a foreign language, is affected sooner than the mother tongue; the same is true for the complicated speech configurations as opposed to the elementary ones. Freud opposed Meynert's view on the localization of consciousness.

in the cortex *Consciousness*,' he wrote in 1888, 'whatever that may be, is not connected with every function of the cortex and with any such function not always to the same degree, it is nothing that could be tied to a locality in the nervous system' Instead of animating anatomical structures as was done in the theories of projection and association, i.e., of basing the study of psychology on anatomy, Freud preferred to separate the psychological from the anatomical and to maintain a flexible functional view This step was decisive for the development of psychoanalysis

The series of case histories which Freud published between 1905 and 1918 possess considerable historical as well as clinical interest, because they illustrated Freud's method of therapy and also brought noteworthy advances in psychoanalysis The Schreber case in particular continues to interest investigators FRANZ BAUMEYER (20), in his paper THE SCHREBER CASE describes his examination of the original case records and other documentary material which give additional information about Schreber's memoirs and Freud's analysis of them (This is the German original of the paper mentioned in the Editor's Note to the Schreber Case in the *Standard Edition of Freud's Works*, Vol XII, p 6, and published in English translation in the *International Journal of Psychoanalysis*, Vol XXXVII, p 61, 1956)

In the State Hospital Arnsdorf near Dresden, Baumeier found the case records of the patient Schreber, partly in originals, partly in authentic copies or abstracts There were records of Schreber's first admission to the Leipzig Psychiatric Clinic, from December, 1884 to June, 1885, after the election campaign which had put such stress on Schreber and caused him to take large doses of morphine, chloral, and bromides He made two suicidal attempts in the clinic, was very hypochondriacal, and expected to die of heart failure Then follow the notes of the second admission to the same clinic from November, 1893 to June, 1894 Schreber was highly agitated believed he had been made insane, thought he had general paresis (like his brother who had committed suicide) He had visual auditory, and olfactory hallucinations, thought he was a young girl and feared sexual assaults He tried suicide by drowning in the bathtub demanded cyanide believed he had the plague and that he had been dead for a long time He was given heavy sedation When visited by his wife, he thought her to be unreal, as if returned from the grave He considered himself a woman, that his penis had been twisted off, and he feared being tortured to death He had religious delusions, heard God vampires, and devils speak to him wanted to become a Catholic to escape them heard sacred music and believed he was in another world

The notes of the state hospitals Sonnenstein (1894-1902) and Leipzig Dösen (1907 until his death in 1911) describe him as agitated and noisy and as having many religious hallucinations and delusions. The sun is a whore, God is a whore. And he believed that he himself was a woman. In letters he showed a 'conspicuous clarity and logic in developing his delusional system without any insight. There is no mention of his book, except that a copy of it was attached to the case history.

From 1902 to 1907 he lived with his mother. According to a report from his sister, his external appearance was perfectly normal during this time. He did some legal work, managed real estate, played chess. However, the auditory hallucinations continued. A relapse in 1907 necessitated rehospitalization. The contents of the notes that follow are essentially the same as the previous ones with however, progressive evidence of deterioration, especially in regard to the hypochondriacal ideas. He died of pleurisy, coronary sclerosis and cerebral hemorrhages.

The record of Sonnenstein hospital includes letters from members of Schreber's family. During leave from the hospital his sister wrote about his amicability and rich intelligence, but also mentioned his nervousness, which, however had existed since his youth. Schreber's wife as seen from her letters was an anxious and confused woman. As a member of a theatrical family, with no academic education she could not cope with the task imposed by being the wife of a highly gifted but psychotic man. There was obvious marital incompatibility with frequent threats of divorce. Among the letters there is none from Schreber's mother. She never inquired at the hospital about her son's condition.

Interviews with surviving members of Schreber's family aided the reconstruction of the case history. He had three psychotic phases: (1) From December, 1884 to June, 1885, age 42, medical diagnosis hypochondriasis; (2) November, 1893 to December, 1902, age 51 to 60, diagnosis dementia paranoïdes; (3) November, 1907 to April 1911, age 65 to 68, same diagnosis.

Freud was mainly interested in the second phase of Schreber's illness in which the homosexual tendencies were especially prominent. The new data about Schreber's total life and case history give additional information about his homosexuality. The famous father suffered from compulsion neurosis with homicidal impulses which were overcompensated by his medical and philanthropic activities. This may explain Schreber's ambivalence toward his father, who must have strongly inhibited his son's aggressiveness. The mother is described as moody and irritable, one sister as hysteric. Young Schreber was a gifted and excellent student and personable, and moralistic.

Additional information was found regarding situations of temptation

and frustration which preceded each psychotic phase Hypochondriacal ideas were already present in 1878, after the death of an older brother Schreber's fear of paresis in 1893 may be connected with guilt feelings toward this brother, who died of paresis Hypochondriacal ideas at the time of engagement and marriage (1878) to a woman fifteen years his junior express his secret doubts about this marriage During the first illness he feared that his wife would be sent away and would never return during the second illness he believed her dead (she survived him by one year) His ambivalence toward her showed itself in all his psychotic phases

In 1884 he campaigned for election to the Reichstag and was defeated For the son of a famous father, his ambition for public office and the stress of the campaign meant a burdensome situation of temptation and frustration The first illness followed The second illness was preceded by frustrated wishes for prestige He had just been appointed Senatspräsident, with a good opportunity for promotion to the highest judicial posts of the country and eventually the German Reich It seems he was 'wrecked by success' Of great importance was the intense competition with powerful father figures, which was reflected in the massive delusions of the second illness The third illness followed the death of his mother in 1907 and, immediately preceding the illness, a cerebral hemorrhage suffered by his wife The man of sixty five, who had lost his position and was childless was reminded of his own death

There is another remarkable coincidence The second illness was at its height in the fall of 1895, when Schreber was a little over fifty three years old As mentioned by Freud, it was at this time that the emasculation fantasy became connected with the idea of the redemption of the world The emasculation, until then rejected as opposed to the order of the world, was now in accord with it This change occurred at the time when Schreber had reached exactly the age at which his father had died As the father-god had not punished him with death for his competition with him, the son now surrendered to him in belated obedience The importance of the father's age is also illustrated by Schreber's idea that the world would last exactly 212 more years This is four times the life of his father

III THE DEVELOPMENT OF PSYCHOANALYTIC SOCIETIES

Organized psychoanalysis came into being half a century ago because Freud's discoveries were not accorded reasonable consideration in the official medical societies ROBERT WAELDER (280), in a paper entitled

THE FUNCTION AND THE PITFALLS OF PSYCHOANALYTIC SOCIETIES inquires into the origin and development of psychoanalytic societies and the need for them in the light of the present status of psychoanalysis

When Freud first presented his discoveries to the psychiatric and medical profession, he found that the response was so highly emotional and irrational that he withdrew from active participation in these organizations. Gradually, a number of students gathered around him, and the first informal psychoanalytic group was formed to discuss psychoanalytic data. Psychoanalytic organizations thus came into existence because the conventional medical societies were so critical of basic analytic approaches that no progress in the new field could be made within their framework.

The early psychoanalytic groups consisted of individuals who shared some fundamental assumptions which were highly unpopular, and who joined together for mutual support in a threefold sense: intellectual support and stimulation, economic support, in the face of the general hostility of the medical profession, and moral support, to be better able to stand alone against the world.

The concept of basing the establishment of psychoanalytic societies on common doctrines rather than on similar scientific interests has been criticized by many as conducive to the establishment of a kind of religion. Waelder counters this contention by pointing out that it is entirely valid to expect members of a given society to accept certain basic principles, e.g., the existence of the unconscious in the case of psychoanalytic societies. He points to great discoveries in mathematics and physics where certain unproved premises had to be accepted before progress could be made. However, in these sciences the validity of these premises could be demonstrated relatively quickly, whereas the proofs of psychoanalytic hypotheses are much longer in coming.

There are those who feel that psychoanalysis is so widely accepted now that there is no longer any necessity for the society of Freud's time. To this Waelder replies that the acceptance of psychoanalysis today is only an apparent one. *Actually, psychiatry accords it very limited acceptance, while medicine has barely permitted psychoanalysis to enter its clinical thinking. Education either ignores it or uses the analytic vocabulary to support certain philosophies. Social science is hostile to analysis and literature react likewise. Only the real recognition of psychoanalysis which comes from the patients treated by means of it has assured its growth.*

Waelder lists four justifications for the continued existence of psychoanalytic societies: (1) Each analysis is a bit of research and it is vital to pool the results. (2) Every analyst has limited vision and must be helped by the others who are toiling in the same field. (3) An analyst

works alone and no one checks on him, nor does he have a check on himself except in the setting of a society (4) The psychoanalyst is subjected to continuous overvaluation by the patient in a positive transference, and he can lose objectivity about himself unless he has some basis for comparison. But Waelder also points to a danger against which the psychoanalytic society, as professional societies in general, has to be on guard, namely, that it may cease to serve its primary goals and become a mere defender of its own institutional interests.

CONCLUSION

The most noteworthy contribution to the history of psychoanalysis in 1955 was the publication of the second volume of Jones's biography of Freud. Although Jones was himself an active participant in those struggles which characterized the early development of psychoanalysis in the opinion of this writer he succeeds in depicting those personality and ideological conflicts with objectivity and fairness.

Two other studies dealing with those schisms appeared this year. One of them traces the relationship between Freud and Adler and blames Freud's 'intolerance' for the rift between them, the other describes Jung's relationship with Freud and shows how the increasing divergence of Jung's ideas from those of Freud made a parting of the ways unavoidable.

Freud's letters to Fliess are a rich mine of source material for the investigation of the origins of psychoanalysis as well as of Freud's own development. Erikson scrutinizes the 'correspondence transference' as it unfolds in these letters. He analyzes the dynamic factors that led to the appearance of the transference, the functions it served, and its dissolution when the self-analysis laid bare its determinants and made the dependency no longer necessary.

The connections between Freud's neurological researches and psychoanalysis continue to interest investigators. Vogel, in a study of Freud's contributions to brain pathology, indicates that these contributions have a bearing on the origins of psychoanalysis and are also relevant to current cerebropathological research.

New facts concerning the subjects of Freud's case histories continue to be unearthed. This year Baumeier reported on his examination of the original case records and other documentary material which give additional information about Schreber and his memoirs.

Finally, among this year's contributions, there is a study of the origin and development of psychoanalytic societies and the rationale for their continued existence.

Chapter II

CRITIQUE

LEO RANGELL, M D

This chapter, as in previous years, brings together those essays which center around critique of psychoanalytic theory or practice. The topics subjected to such critical evaluation or assessment vary from those of a general to those of quite a specific nature from the broad and basic theoretical concepts to some very discrete practical issues, from problems in applied psychoanalysis to certain disputes between authors on limited subjects of mutual concern and interest. Of special interest is a book on the different schools of psychoanalytic thought and a series of panels held at the meetings of the American Psychoanalytic Association on theory and technique.

The studies to be surveyed here will accordingly be classified and will be seen to fall into the following categories:

- I Critique of General Theory
- II Critique of Specific Theoretical and Technical Problems
- III Critique of Clinical Problems
- IV Critique of Concepts in Applied Psychoanalysis
- V Critique of Specific Contributions

I CRITIQUE OF GENERAL THEORY

This section consists of four papers and two panel reports as well as a book. This book is entitled *SCHOOLS OF PSYCHOANALYTIC THOUGHT*, by RUTH L. MUNROE (1977). Devoted to a review of theory and practice, it is divided into five parts. Part I consists of a survey of psychoanalytic thought and basic concepts of psychoanalysis. An extensive review of Freudian psychoanalytic theory and treatment follows. The views of Adler, Horney, Fromm, and Sullivan and their comparison with the Freudian viewpoint are the subject of Part III. Jung and Rank are discussed in Part IV, and in the final section the author recapitulates much

psychoanalysis as a research tool (1) psychoanalysis is a structural science, (2) it is historical—genetic, (3) it is personal—a person is the unity of study (4) it is interpersonal—particularly its methods are all purely interpersonal (5) it is a long term process (6) it is clinical—has a therapeutic aim

Stanton ventured the opinion that while specific psychoanalytic ideas can be tested by experiment, and this is very worth while, it is highly probable that such experiments usually will involve the translation of psychoanalytic concepts into more operational, or more behavioral, or more physiological ones. If these concepts are valuable for experiment, in any of the usual senses, they are almost to that extent changed in their meaning from the original psychoanalytic ones. This by no means implies that psychoanalytic concepts are not confirmable, but that the effort to confirm by experiment is likely always to mean the departure of part of the baby with part of the bath, in a most confusing way, if the purpose of the experiment is to confirm a specifically psychoanalytic idea.

Stanton stressed the basic difficulty in formulating hypotheses, not in testing them, and illustrated the error in lifting concepts out of context or translating them because they have multiple roots and referents. He expressed his interest in the contributions of formal logic, and also in Professor Woodger's analysis of the various levels of physical, biological, psychological and social organization. He quoted from Woodger to illustrate these levels in terms of the language employed by each.

First the language of the physical sciences which speaks exclusively of physical objects. Second the language of sensible objects. The statement that this yellow sensible object is more orange than that one would be an example of a statement belonging to this language. Third we have the person language, to which such statements as "Tom loves Mary," "Tom is trying to remember his telephone number," belong. Fourth the community language. By way of example I may quote the opening paragraph of Tolstoy's *Anna Karenina*. "All happy families resemble one another. Each unhappy family is unhappy in its own way." That is a possible zero-level statement in the theory of families or medical psychology. To this of course belong statements in the theory of government and of law. Most of the statements in our daily newspapers belong to person language or to community language or to both.

He expressed the interesting opinion that there is no good translation between these levels at present and that there is a much greater distance between these levels than we realize or admit.

Robert Waelder's presentation was devoted to the differences between psychoanalysis and physics as sciences. In physics the dogma that

the future is completely determined by the present is useful because the total body under consideration is very large in relation to the elementary particles and therefore the calculus of probabilities works. The physicist cannot tell much about the individual particle, yet that is what we want to know. For example, we do know with high certainty the life expectancy of a million men, but we do not know the expectancy of any single man. Physics also has the advantage that it does not deal with a body under natural conditions but only under the so called "pure" conditions of an artificial laboratory experiment in which all variables are controlled, but psychiatry must deal with natural phenomena.

Experiment as a criterion of science is valid if experiment is possible, but one cannot always set up a stable system with only one manipulable parameter. There are limits imposed by size, as in astronomy; limits imposed by complexity, as in the human body; limits imposed by morality, as in epidemic diseases, and the limits in all historical research. Perhaps history is no science yet life would be impossible if we did not rely upon past data for guidance in daily living.

The limited ability to use experiment is a serious handicap, but this is largely compensated for by the enormous advantages of introspection as a source of knowledge. This idea was supported later by Alexander. It is characteristic for psychoanalysis to shift back and forth between introspection and behavioristic observation and to check these two kinds of data against each other.

Hypotheses about the individual patient made from observations can be revised constantly with fresh observations. More general hypotheses, meant to apply to whole classes of people or to all human beings, are derived from the first type of hypotheses and need a different type of verification. The fact that there are failures in prediction may not be the fault of the method but of the analyst who is in error, often from very limited material in insufficient cases.

Waelder agreed with Sydney G. Margolin that there is a need for allied disciplines in the investigation of new problems in psychosomatic medicine or similar new fields. In reply to Franz Alexander's criticism that predictions are not criteria, Waelder stated that this is true in a limited sense, and pointed out that a psychoanalyst is even in the unusual position of being able to make his predictions come true, somewhat as an authoritarian state can do so. But the proposition is not entirely true for if we have more than a few predictions from a false theory, its falsity becomes apparent. Waelder also took issue with Alexander's assumption that common sense knowledge of others stems from self-observation, because Waelder believes that the infant in the first year shows

in its reactions 'insight into the object (mother) before it has insight about itself

David Shakow defended the usefulness of the naturalistic method of investigation, stating that in many areas the data available for validation are not adequate or satisfactory. Ideally we want all data, but practically we must select with the hope that there will be minimal distortion and segmentalization and that there will be overlapping with possibilities for generalizations. Setting up his research project, he will obtain sound movies under the best technical conditions, even though imperfect, and try to get data on (1) the patient, (2) the observer, (3) the technique, and (4) the milieu, during (a) the pretherapeutic phase, (b) therapy, and (c) posttherapy on a long term case since short term cases will not give enough stable data. Shakow mentioned some of the obvious difficulties including the consent of the patient and the serious ethical problems inherent in the invasion of privacy. The limitations of the therapist as an accurate reporter preclude dependence upon his reports although his records, made in the hour directly after a therapeutic session, including his hunches and subjective impressions, are an important part of the total data. The doctor patient relationship is a unit under investigation and the therapist therefore cannot function as a primary investigator. With sound movies it will be possible to get as many experts as is deemed desirable to view repeatedly the material and study the complex communication processes including the nonverbal. Then problems of decision making, tests of prediction, independent checking of data, intuition or reaction to minimal cues can be taken up.

IN ATTEMPT TO DELINEATE THE MOST IMPORTANT CONCEPTIONS OF C. G. JUNG FROM THOSE OF FREUD, JOLANDE JACOBI (139) surveys the most important differences between the ideas of Jung and Freud, as seen from the Jungian standpoint. The author, a disciple of Jung, refers first to the 'structural psychic differences in the personalities' of Jung and Freud, from which a clearer understanding of their doctrines can be gained. Jung being nineteen years Freud's junior, the spirit of their times, their origins, temperaments, and educations were very different. Freud started from neurology and arrived at his depth psychology over the association psychology of Hume and the psychiatric use of hypnosis and suggestion. Jung, who was just twenty and had started medical school when the *Studies in Hysteria* were published, had made a thorough study of such philosophers as Nietzsche, Schopenhauer, Kant, Carus, von Hartmann, and others, whose influences permeated his whole work later.

While Freud never relinquished his position in biology and the natural sciences Jung who early planned to devote himself to biology and paleontology was led by his later interest in the history of religion and philosophy to develop his doctrines in both directions that of natural science and philosophy. By this Jacobus feels he did more justice to the essence of the psyche which he studied in its own rights independent of physiological and biological processes though he did not deny the interactions between psyche and soma. Jung came to psychiatry through the recognition that here medicine and historical philosophy have a common ground. The problem of causality and causality aroused his particular interest and his leading principle is the colorful multifaceted aspect of psychic life. Since most people however seek that which is explainable from one cause they are more attracted by the relative simplicity and clarity of Freud's concepts. Jung was wrongly accused in Jacobus's opinion of mysticism. While Freud is unipolar Jung is multipolar. Freud's system is based on biological drives while Jung's builds upon spiritual drives religion ethics art etc, which are not considered derivatives or sublimations of the biological. Regression has for Freud a negative or defensive aspect while for Jung it means the return to the unconscious as the matrix of spiritual values and creative impulses.

The collective unconscious in Jung's system is the transpersonal and basic psychic structure racially conditioned and common to all men. It includes the archetypes which are comparable to magnetic fields and nuclei of power in the unconscious. These are not products of repression but inherent and genuine contents of the collective psyche. When penetrating to consciousness they are invested with the contents of individual experience and can be repressed into the personal unconscious. Jung does not deny the importance of ontogenetic contents and of the life history of the individual. However in certain cases though not always he finds it indispensable to resort to phylogenetic data. Freud also recognized the importance of phylogenetic inheritance but considered it methodologically wrong to resort to phylogenesis. Twenty years later in *Moses and Monotheism* Freud attributed much more importance to phylogenesis but mainly in the sense of a return of the repressed without accepting Jung's wider concept of the collective unconscious. Jung on the other hand emphasizes that the collective unconscious contains no repressed material but only the basic forms of instincts and ideations. It is common to the healthy and to the sick. Whereas Freud started from psychopathology Jung drew from the psyche in all its aspects medical philosophical and generally human.

Another important difference, according to Jacobi, is in the concept of the symbol. While to Freud the symbol has a concrete, tangible, and "translatable" content, related mostly to sexuality, to Jung the symbol has a transcendental function. It unifies the conscious and the unconscious, the rational and the irrational, and thus has a reparative (*ganzmachende*) and healing power which counteracts the tendency toward splitting (*Spaltungstendenz*) structurally inherent in the psyche. While Freud sees all healing of psychic disturbances by means of making conscious reliving, and integrating repressed personal experiences, Jung's efforts are directed toward placing the individual in the power of the superpersonal among his fellow men as well as within the universe. He does, however, follow Freud with regard to the necessity of making the unconscious conscious.

Jung's ideas of the totality of the psyche (*Ganzheit der Psyche*) were conceived long before he met Freud. The concept of types, Jacobi states, was Jung's original idea, as were the use of the association experiment, the psychological content of schizophrenia, and particularly the philosophical principle of the positive relationship of the individual to the superpersonal and the irrational. Another important difference is to be found in the concept of conscience, which for Jung is archetypically conditioned and is independent of influences from the environment.

In the next paper, FREUD AND HORNEY ON ANXIETY AND NEUROSIS, VI BARUA (17), differentiates the Freudian concept of anxiety from that of Horney and the other "culturally oriented analysts." He then attempts to demonstrate how these theoretical differences are reflected in the technical handling of a case of phobia, and finally concludes that Horney's "theories and technique are more effective than the orthodox Freudian approach to the problem of neurosis."

The author acknowledges that Freud did not overlook the importance of environmental influences in the development of anxiety, but nevertheless "with his usual consistency related anxiety to the instinctual sources." The culturally oriented analysts, on the other hand, such as Fromm, Horney, and Sullivan, feel that the "inner impulses" are created by cultural pressures which produce "in the child strong hostility and resentment in reaction to frustrations of his potentialities, either instinctual or otherwise. Because of dependency needs, the child has to repress these resentments, and it is because of this ensuing conflict that the earliest pattern of anxiety is produced in the child."

Barua then sketches the case of a ten-year-old boy who came to analysis primarily because of a fear of being kidnapped. The only son in

a large family his freedom had been curtailed to the point where it was difficult for him to make decisions even in trifling matters. He was over compliant afraid of aggression extremely inhibited sexually and had a strong urge to appear perfect superior and powerful. An orthodox psychoanalyst the author states would explain the patient's anxieties by relating them to instinctual sources the emphasis being directed toward the boy's unresolved oedipus complex. The fear of being kidnaped would be interpreted as the manifestation of his unconscious fear of the hostile and rival father which possibly was due to his repressed passive homosexual or feminine desires. The boy's rigid sexual standards would be related to the dictates of a harsh superego. The striving for power would be regarded as the outcome of an inhibited sadism or a defense against repressed homosexuality. The aim of therapy it would follow would be to help the patient achieve mastery over his instincts.

A culturally oriented analyst however the author points out would focus chiefly on the neurotic character structure and the disturbances in human relationships. The relevant factors in the production of the neurosis would be all the adverse influences which made the child fear helplessness and which make him conceive of the world as potentially menacing. The development of anxiety would be seen not as the expression of the ego's fear of being overwhelmed by instinctual drives or of being punished by a hypothetical superego but rather as the failure of specific safety devices which had been erected against external dangers.

The culturally oriented analyst would thus point out to the patient that his anxiety resulted from being caught up in his conflicting character trends and would stress the boy's compulsive need to be loved. The fear of kidnaping would be explained as one of many possible expressions of his fear of isolation. A good deal of attention would be focused on the patient's moving toward others its genesis its maintenance and its consequences. At the same time it would be necessary to deal with his tendency to move against people which is related to his wish to appear powerful. The chief therapeutic task would involve the demonstration of this basic conflict between moving toward and moving against others and it would be necessary for the patient to see how these contradictory trends arose not just for the sake of satisfaction or pleasure but as reassurance against his basic anxiety. As the patient becomes aware of these trends and the factors which made them necessary the anxiety can be sufficiently decreased so that he can dispense with the neurotic character traits.

On the basis of such clinical experience Barua feels that the application of Horney's theoretical concepts produces more effective therapeutic results than does the classical Freudian approach.

THOMAS S SZASZ (274), writing on ENTROPY, ORGANIZATION AND THE PROBLEM OF THE ECONOMY OF HUMAN RELATIONSHIPS, takes issue with the concept by which psychological processes are modeled after physical ones—specifically, how psychoanalytic theory is influenced by the physical concept of entropy. Such a formulation, based on the physical process, is misleading and detracts from a proper appreciation of the complexity of object relationships and of interpersonal reactions. In the latter, far more is involved than a one way exchange of giving and receiving, and a careful assessment is required of the need satisfactions of both participants, and at all levels. A detailed clinical example is furnished through the case of a medical student, and his various complex interactions with the many layered giving forces, teachers, school, institutions, laboratory facilities, etc. This paper is reported in detail in Chapter III.

IN THE PRINCIPLE OF SECURITY, FERNAND LECHAT (164) writes about the pervasiveness of insecurity in human life, and subjects this concept to a detailed consideration from its social, interpersonal, and somatic aspects. He attempts to differentiate primarily insecurity from anxiety, with which it is often confused, and, in the opinion of the writer of this Chapter, he connotes as 'insecurity' what we ordinarily think of as "signal anxiety." After considering the term 'insecurity' in connection with a multitude of developmental and other psychological factors, the author surveys almost the whole field of neurogenesis from the standpoint of this term. With these descriptions a number of critiques of existing classical Freudian theory emerge, such as on the nature and role of the superego, the nature of the instincts, the role of the mother, and others. This paper is reviewed in greater detail in Chapter III.

The final contribution in this section is the report of a PANEL, VALIDATION OF PSYCHOANALYTIC TECHNIQUES (216), which was presented at the meeting of the American Psychoanalytic Association. The panel was opened by a presentation on "The Validation of Psychoanalytic Interpretations" by Charles Brenner. The essence of his presentation was as follows: "The analyst forms a conjecture about his patient, presents this conjecture to the patient as an *interpretation* at the technically appropriate time, and looks for either confirmation or refutation of his interpretation in the patient's response. The analyst's conjecture is usually formed in an intuitive way, but the steps should be retraceable consciously. The acid test of a conjecture comes after it has been offered to the patient as an interpretation, and is furnished by the response of the patient. In general the response to a correct interpretation is a lessening of the ego's fear of the id, a relaxation of the ego's defenses, and the

emergence of a derivative of the *id* impulse that was being defended against. Such a response is considered to be confirmatory of an interpretation. The response may be immediate or delayed. It may be divided into a subjective and an objective part. The former is what the patient reports; the latter is what we can observe. Typical confirmatory responses would include (1) diminution of anxiety, (2) symptomatic improvement or its opposite in a case where there was a predominant need to suffer, (3) a confirmatory memory, fantasy, dream or other verbal association or a confirmatory gesture, all with or without an appropriate emotional experience, (4) a feeling of surprise, recognition or that clicks on the part of the patient, (5) sudden laughter. Other types of confirmatory evidence which are not dependent on a lessening of the ego's fear of the *id* are (1) repetition of what was interpreted, (2) confirmation of a reconstruction from an external source, (3) ability of a reconstruction to enable the analyst to fit together all the facts of the patient's life and neurosis which would otherwise be like the jumbled pieces of an unassembled jigsaw puzzle. In general, confirmatory evidence of the objective type, i.e. what can be observed, would seem to be more convincing than evidence which is purely subjective, i.e. what the patient reports. Often enough, of course, the two are intermingled. It does not seem possible at present to establish unequivocal norms for what we might call adequate verification.

When one approaches the problem of the validation of psychoanalytic interpretations, one must do so from within the framework of psychoanalytic theory. Certain hypotheses must be accepted as valid that is, as adequately established by scientific observations, before one can even attempt to evaluate the correctness of interpretations. These hypotheses include psychic determinism, the existence of unconscious mental processes, the characteristics of the operation of the primary process, including symbolism, the separation of the functions of the mind into ego, superego and *id*, and in particular the concept of conflict between the impulses of the *id* and the defenses of the ego in conjunction with the superego, as well as the relation of such conflicts to anxiety.

Rudolf Ekstein, in accord with a published remark of Kubie's, agreed that the validation of interpretations is the critical test of the validity of psychoanalytic theory, but that at the same time interpretation is the most vulnerable element in psychoanalysis. Ekstein had no disagreement to find with Brenner's presentation, but suggested that the problem of interpretation be considered from two aspects: (1) its dynamic and genetic explanatory aspect, (2) its effect as a technical procedure or technical intervention. These two types of interpretation he

felt, were not necessarily identical. Correct explanations do not cure, and correct interpretations do not necessarily describe the decisive determinants of an illness. Different technical approaches, he pointed out, may lead to the same therapeutic result. The validation of a correct explanatory interpretation lies in the past (such as a confirmation, from some external source, of a genetic reconstruction), while the validation of an interpretative technique lies in the future (i.e., in its ability to predict how the patient will respond).

Eugene Pumpian Mindlin pointed out that the basic problem of interpretation is the validation of the translation of the primary into the secondary process. This problem may be broken down into two aspects. The first deals with the external validation of the primary process in which the evidence required is on an experimental level. The second aspect deals with the problem of internal validation. Here the evidence required is on a clinical level: first, external evidence, adduced from the response of the patient, and second, internal evidence, which may be characterized as the Gestalt character of interpretations, a term used by Bernfeld. An example of this was a case cited by Fritz Schmidl, from Freud's *Introductory Lectures*, in which the compulsive ritual of a woman was almost an exact replica of her impotent husband's behavior on their wedding night. The exact correspondence of these two Gestalten justified Freud's interpretation of her behavior without drawing on any other psychoanalytic premises than psychic determinism and the existence of the unconscious. Another factor with which we have to deal, Mindlin said, is that of the level of abstraction at which the particular interference operates—i.e., how many hypotheses are assumed or implied in the interpretation. The more assumptions or hypotheses are implied the more difficult is their verification.

It is also important, Mindlin continued, to consider the frame of reference in which a specific clinical interpretation occurs, i.e., the operational field in which the therapist is moving at the time of the interpretation. These frames of reference may be (1) genetic, (2) dynamic, (3) current (that is concerned with the current conflict situation) and (4) therapy-centered (that is concerned with transference material). Depending upon the frame of reference of the therapist at the time an interpretation is given, the content of the interpretation will vary. If the frame of reference, the clinical material and the level of abstraction can be clearly stated, other observers may be able more accurately to validate a specific interpretation.

Finally, Mindlin raised a question about the basic hypotheses which Brenner suggested one must accept before one can even attempt to evaluate the correctness of an interpretation. Mindlin suggested that only the

first three of Brenner's assumptions were really primary to a psychoanalytic point of view.

The next three papers dealt with a project for testing psychoanalytic formulations which has been in progress for the past four years at the Institute for Psychoanalysis in Chicago. This study was designed to study Franz Alexander's specificity theory which states that there are different specific psychodynamic patterns of conflict characteristic for each of seven psychosomatic diseases—ulcer colitis asthma neurodermatitis thyrotoxicosis hypertension and arthritis. Richard Renneker spoke about the mechanics of the project. The operating principle involved is testing the ability of a group of eight or more analysts to predict a concealed psychosomatic diagnosis by utilizing only the psychodynamic reconstruction of the personality structure and the onset situation as revealed by one two or three one hour interviews with the patient. Each patient selected for study has only one of the seven psychosomatic diseases mentioned and the disease has to be active at the time of the interview. The interviews which are recorded use Deutsch's associative method augmented at the end by standardized questions.

After typing the material is carefully edited to eliminate all medical cues. Each analyst in the group then studies the material and writes out a documented reconstruction of the patient's personality dynamics and of the dynamics of the onset situation and records one psychosomatic diagnosis. The group now attempts through discussion to spell out its areas of agreement and divergence. Ideally there ought to be unanimous agreement on one formulation and one diagnosis. Practically this usually does not happen. The main difficulty encountered here is not the ability of each analyst to recognize the main conflict patterns but rather his ability to weigh the picture in the same fashion as his colleagues.

As Renneker pointed out the actual instrument of validation is the analyst. This complicates validation research since every analyst differs from every other one in his personal equation and each one tends to weigh the clinical data somewhat differently depending on his own personal background or experience. However—and this is the important point—the group is found to be a most valuable check against such variations or unresolved blind spots in the individual analyst. The group he concluded provides an ideal control for individual dynamic variations in the analyst which might otherwise incorrectly weigh or block out essential dynamic evidence for or against the hypothesis being tested.

Next Franz Alexander pointed out that this project was operating with four variables: (1) the X factor—the vulnerability of an organ system—which is assumed not to be of psychological nature and which is

indispensable for the development of a particular disease; (2) the emotional patterns centering around a focal conflict situation; (3) the onset situation, i.e., the psychological state at the onset; (4) the organic disease.

"Of these variables," said Alexander, "the X factor is in a sense kept constant because only cases are selected who suffer from one of the seven diseases. Since it is assumed that such an organic predisposing factor is always present in patients suffering from the seven conditions under study, this variable does not further concern us. Our diagnosis is based on an assumed correlation between the disease in question and the specific emotional pattern and the onset situation. . . . The diagnosis is made on the assumption that in the presence of the X factor, a patient with a certain typical central emotional pattern in a life situation which mobilizes the central conflict or one of its derivatives develops a specific disease. The latter can be diagnosed psychodynamically on account of a constant coincidence of the three factors, specific for each disease. If we can diagnose the disease alone on the basis of psychodynamic reconstructions which are derived from biographical material and the presenting *transference* attitude, the validity of the postulated correlation is established. Essentially in this validation procedure we are using one of the well-established techniques of validation in natural sciences, namely, checking a new, still unestablished method against an independent and already established method. . . . If by psychodynamic formulation peptic ulcer is correctly diagnosed—an ulcer which has been established by X-ray—this serves as a check of the validity of this psychodynamic formulation which was the basis of the diagnosis without the knowledge of X-ray findings or any organic data. Our study operates with still another principle of validation which consists in what we call *consensus*. Eight trained observers are exposed to the same material; each makes independently a psychodynamic formulation and then compares it with the other members' formulations."

Thomas M. French then presented a paper on "The Problem of Consensus," and pointed out some of the difficulties involved: "To evaluate the results of this experiment," said French, "we must distinguish carefully between two steps in our procedure. Starting with the data of the reported interview with the patient, we must in each case first make a psychodynamic formulation of this particular case; and then, as our second step, we compare this formulation of the particular case with our more general formulations of the constellations characteristic of particular somatic diseases. This distinction between the two successive steps of our experiment should now help us to face frankly our most important difficulty in this project. In this project we are not checking our

general formulations against directly observed data we are testing one kind of formulation against another. Consequently if we make an error in diagnosis the error may be evidence either that our formulation of the particular case is incorrect or that one or more of our general formulations about particular somatic diseases is incorrect or that both are incorrect. However our experiment is so designed as to give us one clue to help us decide where our errors lie. Our formulations of particular cases are made not by one interpreter but by a team of seven psychoanalysts each of whom first makes an independent formulation which is then later discussed with the group. This procedure evidently gives us a check on the reliability of our formulations of particular cases. If our interpretive procedure is reliable we should all arrive independently at the same psychodynamic formulation of each particular case.

The results of this first check have been disappointing. Only rarely do we all agree in our first independent formulations. Sometimes we are able to come to a fairly good consensus after comparison and discussion of our formulations but more often than not at the end of the discussion we are not in agreement either about the formulation or about the diagnosis based upon it. This difficulty in arriving at a consensus about our formulations is one that is not peculiar to our group. Psychoanalytic interpretation is not a procedure that results in the same conclusions when applied by different psychoanalysts to the same data. This is a fact that should be a matter of considerable concern to all who hope to see psychoanalytic interpretation established as a scientific procedure.

Our inability to arrive at a consensus about our interpretations practically invalidates psychoanalytic interpretation as a trustworthy scientific procedure. Indeed some psychoanalysts even have come to the conclusion that psychoanalytic interpretation is an intuitive art whose reliability depends only on the particular interpreter's capacity for psychological insight.

Nevertheless said French he still felt that interpretation could be made a valid scientific procedure if our techniques could be further sharpened and refined. It is essential he stated that we should train ourselves in an approach to psychoanalytic interpretation that is objectively critical as well as intuitively sensitive and imaginative. Often it seems to be assumed that if we could only rid ourselves of emotional bias we would automatically understand the meaning of our patients' behavior and associations that the observers or therapists' unconscious should unerringly read the unconscious of his patient. Yet it is evident this implicit assumption is based on an entirely unrealistic and mystical idealization of the unbiased observer's unconscious insight. Our mystical faith in the well-analyzed analyst's unconscious needs to be sup-

plemented and corrected by disciplined habits of critical scrutiny of interpretive hypotheses." French concluded by emphasizing the importance of further efforts at achieving group consensus of interpretations as a way of developing such habits. He pointed out, however, that much depends on the manner in which such group discussions are conducted if they are to accomplish their purpose.

To Judd Marmor it seemed that the panel dealt as much with the Technique of Validation as it did with the Validation of Technique. One point seemed conspicuous by its absence, namely, the question of how to evaluate the basic *data* of psychoanalysis. For psychoanalysts do not merely differ in their "conjectures" concerning their data; different psychoanalysts obtain different *kinds of data* from their patients. It has been observed in the physical sciences that different techniques of observation (e.g., ultraviolet light vs. infrared light) not only result in different observational data, but often actually have a dynamic effect upon the material being observed. How much truer is this in psychoanalysis where the nature of what is observed in the patient is continuously affected and influenced from the very first comment the analyst makes. Other elements which influence the data are the still largely unexplored factors which impel certain patients to choose certain analysts. Surely it is not accidental that analysts of different schools of thought invariably come up with data in their patients which support their particular theoretical frame of reference. One of the most important scientific tasks facing psychoanalysis today is that of attempting to find the *common denominators* that underly the varying data and the therapeutic successes of these different schools of thought.

II. CRITIQUE OF SPECIFIC THEORETICAL AND TECHNICAL PROBLEMS

The papers grouped together in this section either criticize or suggest amendments to some basic segments of psychoanalysis, namely, the libido theory, the theory of the ego, the structure of the superego, the theory of anxiety, and the nature of transference.

A PANEL ON RE-EVALUATION OF THE LIBIDO THEORY (212), held at the meeting of the American Psychoanalytic Association, was chaired by Robert Waelder who attempted to break down the libido theory into its component parts, and to indicate their relation to some other areas of psychoanalytic theory.

Basic theoretic concepts inherent in the libido theory

- 1 Necessity of the theory as a prolegomenon to metapsychology
- 2 Necessity of the theory as an operational concept
- 3 Qualitative aspects
 - a relation to physical and chemical energy
 - b relation to biologic processes and needs
 - c relation to a general theory of instincts
 - d relation to a general theory of psychic function
 - (1) genetic aspects phylogenesis ontogenesis stages of development
 - (2) role of libido in ego development and ego functions adaptation integration character formation molding of drives by ego
 - (3) nosology substitution and changes in drives symptom formation role in neurosis and psychosis
- 4 Quantitative aspects
 - a relation to tension and discharge phenomena
 - b relation to symptom formation
 - c relation to ego functions etc [as under 3 d (2)]
- 5 Concept of aim or goal
 - a object of drives
 - b hierarchical integration of drives into goal-directed behavior
- 6 Cultural aspects
 - a molding of drives via external structures (role of ego as above)
 - b interaction of institutionalized patterns of behavior and libido
- 7 Concepts of therapy and libido theory

In the first paper presented Thomas M French discussed the libido theory in relation to the integrative function. He distinguished between Freud's expanded concept of sexuality which is based directly on empirical fact and the libido theory proper which is Freud's concept that all sexual urges are manifestations of a single displaceable psychosexual energy. French raised the question whether this notion of a single psychosexual energy required any expansion or revision in order to bring it into relation with what we know about the integrative functions. The theory of a single psychosexual energy is based on the clinical observation that if one kind of sexual urge is inhibited some other kind of sexual urge or perhaps a psychoneurotic symptom is likely to be substituted for it. Freud explains the genesis of both perversions and psy

choneurotic symptoms by comparing them to collateral branches that fill up when the main river bed is shifted as a result of repression

The phenomena of sublimation most directly confront us with the question of how the libido theory is related to our understanding of the integrative functions. For example, when a man enjoys cooking, he may be giving sublimated outlet to oral-erotic cravings, but if he is employed as a cook, he may also be cooking in order to earn a living. To understand the sublimation of erotic urges it is necessary to postulate two kinds of interacting motives that must be integrated with each other. The erotic activity is one that is enjoyed for its own sake, but in sublimated behavior such erotic activity must be subordinated to an ulterior purpose. French raised the question whether the notion of a displaceable psychosexual energy could account adequately for such subordination of erotically enjoyed activities to purposes based on other kinds of needs. He concluded that the notion of simple displacement of libido could account for some of the simplest substitution mechanisms that are involved in the genesis of some sexual perversions and some neurotic symptoms but that in order to account for the sublimation of erotic urges in purposive behavior or for many of the complex substitution mechanisms that we encounter clinically, it is necessary to postulate the transmission of pressures from other goals through more or less complex cognitive structures to the organs whose functional activity is required.

Robert Waelder reviewed the historical role of the libido theory in regard to nosology. Freud first advanced the libido theory of the neuroses, i.e., the proposition that psychoneuroses are due to conflicts over sexual drives. This concept is still fundamental in psychoanalytic theory. Later writings of Freud raised the question as to the pathogenetic potential of the destructive instinct. French's paper, Waelder pointed out, dealt with a different problem, i.e., a distinction between sexual behavior, interpreted as play and enjoyable only for itself, and purposive behavior integrated via ego mechanisms. Abram Kardiner likewise stated that the libido theory was originally one proposed to chart vicissitudes of behavior, but that French's thesis replaced a chemical theory with a theory of play. The moot question is whether the libido theory in any form and per se can predetermine the course of phylogenetic development.

Most of the discussion of French's paper sought to clarify to what aspects of psychic function the libido theory actually had direct relation. David Rapaport, quoting from the *Three Contributions*, showed that Freud's concept of libido was essentially a qualitative one while French dealt in his paper mostly with transformations. Rapaport emphasized that the libido theory was not supposed to account for all

transformations and certainly not for goal directed behavior substitutions are not as simple as French held actually vicissitudes are more complicated. Moreover and despite these considerations goal-directed studies do not have to get rid of the libido theory but can use it. Rapaport stated finally that the question of the overdetermination of multiple functions especially the synthetic function is ignored by French in his studies on integrated behavior.

Quite a few references were made to the effect that the salient part of the libido theory was its quantitative aspect especially since clinical phenomena were explicable in these terms. Lawrence S. Kubie in a paper entitled *Modern Concepts of Energy Exchange in the Central Nervous System in Relation to the Libido Theory* attacked just this assumption because it is based on an unconscious use of a work producing machine as a model for the central nervous system and the psychic apparatus. He stressed the dangers of such analogic thinking but pointed out that if we are to use any machine as a diagrammatic model the electronic computers are a truer analogy. He fortified his argument by data from experiments in neurophysiology to demonstrate that the central nervous system is not a work producing machine but resembles the electronic computer in certain features which are relevant to the libido theory i.e. in both the energy output can be far in excess of the input. Both are information gathering machines and communicating devices set in motion by coded signals (symbols) which act as triggers and not as fuel. The energy input of these signals is only a minute fraction of the energy released and used and once set in motion both machines tend to keep going until stopped or diverted. Therefore assumptions as to variations in quantities of energy are more relevant to the interruption or alteration of circuits than to their initiation or maintenance.

Kubie then criticized certain moralizing attitudes that have crept into our concepts and terms by what he considers to be incorrect use of the assumption of quantity changes. This tendency is expressed in the attribution of variations of behavior to variations of effort and leads to such expressions as trying harder being lazy sluggish etc. which have been systematized into quasi-explanatory concepts like charges cathexes and libidinal investments. Kubie did not mention here such similar tendencies toward the use of terms like weak ego strong superego etc. which he has criticized on similar grounds on other occasions. Such epithets derive from the concept of libidinal cathexes and have been used unwittingly to support an ancient mythology of Will and we as therapists teachers and parents project onto the child the feeling of effort we experience when we attempt to change

behavior. Fortifying such conclusions are such clinical observations as 'Once I start eating, I can't stop,' etc.

Kubie's point is that the economic principle has less value in the explanation of a symptom or drive than of the internal forces which attempt to alter, modify, or resist it. Moreover, it has been physiologically and clinically demonstrated that the amount of tissue need does not determine the amount of instinct-serving activity, that signals anticipate tissue need independent of the degree of tissue need, or even satiation, and that the energy involved in such a trigger (symbol) bears no relation to the quantity of anticipated need. Therefore, Freud's argument that the economic principle is necessary to explain differences in neuroses rests on shaky ground. The point was made that the expression of primary instinctual drives necessitates the use of obsessional and phobic mechanisms released by unconscious *symbols* and not by the drives themselves. True, the more closely the quantity of an activity approximates the quantity of a tissue need, the more precisely will the activity subside with the satisfaction of the tissue need. But in attempting to stop any compulsive drive, it is well known that after a period of conscientious abstinence, the first indulgence does not lessen the demand but increases it. This proves that tissue needs do not determine the drive but rather symbolic processes, where 'quantities' of symbolic stimulus bear no relationship to quantities of activity. Kubie then summarized his argument by stating that while some general concept of psychic energies is necessary to understand the fusion and defusion of drives which are derived from the specific, basic biochemical processes of the body, it is not a variation in the amounts of psychic energy which determines either amount or duration or the persistence of specific patterns of need, action, thought or feeling. It is the *defusing function* of the symbolic processes which makes it possible for energies which derive from primitive biochemical body needs to fuse and defuse.

The third paper, on 'The Libido Theory and Culture,' was presented by Abram Kardiner. He maintained that while libido theory was successful in solving special problems of neurosis, it was not useful in the study of adaptation of the individual. Freud himself never used the libido theory in its entirety to describe culture and never used the so-called 'stages of development' as an investigative tool. Róheim, on the other hand, used the libido theory in tracking down the constitution of culture according to the stages of development. Róheim's findings were then subjected to critical examination and found inadequate because of his failure to study variations of the ontogenetic development of individuals in different cultures; he studied only the institutions themselves,

myths and dreams—he took the ontogenetic development as autochthonous

In contrast to Róheim's findings and methods Kardiner elucidated what he tried to do with his analysis of Alorese culture. Ontogenesis was studied on the basis of the conditions under which it took place. A description of the institutional organization was obtained including the folklore, biographies, Rorschach's and children's drawings were additional material. The outstanding picture in the ontogenetic development was the denial of maternal care based on the necessity of mothers working in the field. The child had no opportunity to form an image of the mother as a helper. This condition is unrelieved as the child grows older and leads to emotion constriction. In a society constructed of individuals precisely constricted certain results in the adult character could be predicted and were found: impoverishment of the capacity to love and to cooperate with others, inability to identify with others, isolation, suspicion, hostility, impoverishment of creativity, imagination and capacity for abstract thought, etc.

Kardiner gave examples of applying this method to the study of Marquesan culture where food scarcity is a chief factor. Here the people evolved an institutional system which enabled them to survive in a hostile environment and yet to obtain a certain degree of satisfaction from each other. Their character structure was again explicable when ontogenetic factors were seen as being molded by the social conditions.

As a result of his studies Kardiner feels that the failure of the libido theory is that we cannot describe a culture in terms of stages of development and learn anything about how it functions. Freud realized the force of environmental factors during ontogenesis but he did not include it in his frame of reference and thus considered it a coincidental factor. Kardiner next addressed himself to the question of the social factors in the origin of sexual restriction. Good practical reasons led societies to institute sexual restriction on children to prevent them from procreating before they were able to take responsibility of social maturity and more particularly to protect the female. Since sexual taboos are present in all cultures it can be inferred that grave experience taught the lesson that sexual activity within the ingroup was detrimental. The family therefore became a form of distributing sexual opportunity and terrorization of the child was the most effective means. The intimate relations between these trends and the oedipus complex and injunctions against masturbation have not been worked out. At any rate the postponement of sexual activity from childhood to social maturity was achieved.

The final part of Kardiner's thesis was the methodological one. How does the organism, with its inborn attributes, interreact with cultural directives? The best compromise is Fentichel's, "The motives for defense are rooted in external influences. The external world alone can compel the ego to develop repressive forces. Without an intrapsychic institution that represses and anticipates the external world, no defense and no neurosis can arise. An original conflict between id and the external world must first have been transformed into a conflict between id and ego, before a neurotic conflict can develop." So far, so good, but Kardiner feels that the assumption is made that the conflict has thus lost its contact with the external cultural sources, a contact he feels is constantly maintained. Moreover, if one examines Horney's and Sullivan's attempts to solve the problem, it will be seen that they lost sight of the organismic response and assumed that social directive became translated into the intrapsychic apparatus without change. Kardiner feels that his thesis avoids these errors in his attempt to erect a frame of reference as an intra actional one, inborn equipment acted upon by cultural directives and values. The great variation between attitudes in human beings is not in their instinctual endowment, but in the degree in which their affectivity is cultivated.

The ensuing discussion centered on the failure of the genetic component of the libido theory to account for the executive functions of the ego, societal structure, and certain metapsychological considerations. It was stressed that libido theory was never intended to account for all of these. The equating of quantities of libido with various valuative diagnostic concepts was disputed, but it was also held that libido was never meant to be equated with either biological need or activity.

In the first of his two papers, *THE EGO AND IDENTIFICATION*, A. CHAPMAN ISHAM (137) questions Freud's formulations about both the theory of the ego and the process of identification. Taking language as a point of departure, Isham formulates a concept in which the ego is always viewed as a subject as opposed to object. As a subject, moreover, it is not an agent but a point of activity, in contrast to the things which engender the activity or are its object. There is also a concomitant divergence from Freud's views regarding energy. According to Isham's concepts, all energy originates from objects, with the ego being merely the dynamic vehicle of attractions or experiences.

Commenting on the process of identification, the author discards the idea of the ego as an agent of identification, and contends that identification occurs by condensation between the self and the object. He also questions the validity of the concept that regression is generally in

volved in identification. This paper is more completely reviewed in Chapter III.

In his second and related paper, on *THE EGO, CONSCIOUSNESS, MOTOR PROCESSES, AND THOUGHT*, A. CHAPMAN ISHAM (138) again attempts to improve on the existing ego theory by creating a theory of the ego by means of what he considers a third way between the two standpoints of the stimulus-response theory and ego-instinct theory in psychology. Object and ego are viewed as producing consciousness and movement through the relationship between them. The author comments upon and attempts to explain consciousness, thinking, and motor processes in accordance with how the ego and objects move in relation to one another. A fuller synopsis is contained in Chapter III.

STANLEY ROSENMAN (238), writing on *TOWARDS A THEORY OF THE EGO*, also takes up certain supposed deficiencies and weaknesses in the field of psychoanalytic ego theory. He defines five critical and basic areas in ego psychology in which current formulations are not satisfactory. The author presents a series of interrelated postulates which he feels tends to clarify and to provide solutions to the various ego theory problems. In general he provides a conceptual model of the ego which uses various aspects and facets of a self-other theme as a basic construct. This, he contends, while derived from dynamic depth theories of personality, is at the same time better able to interlock with sociological and role theory levels of explanation and analysis. For a more detailed review see Chapter III.

RUDOLF AFFEMANN (5) deals with *THE SUPEREGO IN FREUD'S TEACHING*. Writing chiefly from a theological point of view, and emphasizing the 'cultural superego,' the author concludes that Freud's views are incompatible with "today's scientific picture of the universe."

Surveying Freud's writings on the nature and origin of the superego over a period of four decades, Affemann finds certain inconsistencies and takes particular issue with the concept of a cultural superego. Freud describes a superego not only of the individual but also of society, notably in *Civilization and Its Discontents*, where he points out that it is under the influence of the superego of society that civilization develops. Affemann, who is a doctor of both medicine and theology, holds rather that the cultural superego originated mostly from the activities of some great leaders, the most outstanding one being Jesus Christ. However, through Christ and other such great cultural leaders, humanity does not receive impulses of an extraordinary realm; rather, it is the author's

view that only in these leaders have certain generally human tendencies attained an especially strong and effective form.

The postulates of the cultural superego which regulate interhuman relations are the contents of ethics. The commandment to love one's neighbor is the most important of these, because it opposes the destructive drives which are the strongest impediment to culture. As Freud has pointed out, the prohibition against destructiveness is not compatible with human nature. The happiness which the natural ethic promises the obedient one is only the narcissistic gratification of considering oneself better than others, which is not much. Religion, therefore, has much stronger substitute gratifications to offer.

Affemann concludes that Freud believed the superego determines the development of culture in the same way as it does that of the individual. In this view, the demands as well as the genesis of both superegos are identical, being based upon the interactions between inner endowment and external circumstances. Freud, according to the author, first knows no superego which belongs to the original equipment of man, and secondly also denies that any ethic or religion is given to man from the outside. The first of these ideas Affemann considers the outgrowth of an anthropological prejudice which denies the principal difference between how man is and how he ought to be. Only when man, in order to realize his full capacity in life, has to question in every striving where life is and what he must do to achieve it, is the superego a principal component of the essence of man. The second statement, the denial that ethics and religion are given to man from the outside, corresponds to a philosophy which likewise cannot be proven empirically but rests on premises which are in contradiction to today's scientific picture of the universe. From both of these standpoints, Freud's statements about the superego must be controverted, the author feels, by "one who must reject Freud's philosophy as obsolete."

IN A DUALISTIC VIEWPOINT ON ANXIETY, JOACHIM FLESCHER (88) disputes Freud's second and last formulations concerning anxiety. In Flescher's opinion, anxiety is always a substitute for aggressive action provoked by the danger situation, regardless of whether one is dealing with separation, castration, and superego anxiety. He nevertheless refers to his theory as a dualistic one inasmuch as the instinctual drives which are threatening to break through are fusions of libidinal and aggressive forces. This paper is dealt with more completely in Chapter III.

IN TRANSFERENCE REFORMULATED, JURGEN RUESCH (213) tries to formulate a concept of transference in terms of the development of com

communicative activities during the life cycle of man. The formulation of transference in terms of communicative exchange between two people avoids the usual shortcomings in the formulation of this concept and attempts to explain transference as a general feature of human behavior which only in extreme cases should be considered pathological.

The operational investigation of the communicative behavior between patients and family members, contemporaries and therapist reveals that transference is in a large measure due to inequalities in the development of verbal and nonverbal means of communications. The patient who treats other persons primarily or exclusively in accordance with his past experiences does so because he is not equipped to handle new interpersonal relations nor is he able to correct his erroneous assumptions. As a result anxiety arises which further prevents a person from communicating on the basis of the actually prevailing circumstances. If the therapist's endeavor is directed at improving the patient's ability to communicate, the patient will eventually be able to relate with progressively lessening transference.

The concept of transference, the author believes, has undergone many transformations since Freud first described it and today we have come to recognize transference as a general feature of social behavior. Ruesch feels that the manifestations of transference, as of countertransference, can actually be reduced to a few relevant facts. Transference invariably involves two persons of whom one has a superior status in some respect to the other. The absence of complementary behavior on the part of the two participants, the repetitiveness of the patterns and the questionable fit of the affective responses into the actual social setting thus become the identifying characteristics of what have been labeled transference and countertransference relationships.

The author believes that transference phenomena are universal and result from deficiencies in the development of communicative activities from childhood on. Effective communication depends on correct observations, a background of experience for the correction of faulty assumptions, and freedom to verbalize in social situations. When the possibility of varied human contact is reduced when the exchanges of messages becomes redundant or when communication is handicapped by stringent rules, feedback phenomena cannot be relied on to correct distorted assumptions about roles or erroneous interpretations of affects.

In early development if the interpersonal experiences are too intense or are related too much to nonverbal as opposed to verbal communication, the individual tends to distort and transfer excessively in social situations. Actually he develops excessive anxiety in such social situations and utilizes transference phenomena as a defense against this

anxiety. Further difficulty arises because in such instances the person has not learned the "meaning of multiple roles" in others, nor the mastery of varying roles for himself in relation to others. Schizophrenics show this difficulty to a very marked degree.

III. CRITIQUE OF CLINICAL PROBLEMS

As in previous years, it is again the paranoia-homosexuality linkage as formulated by Freud which is questioned and disputed.

IN A METHODOLOGICAL CRITIQUE OF FREUD'S SCHREBER ANALYSIS, ORVILLE S. WALTERS (281) points to what seem to be methodological defects in Freud's analysis of the Schreber case, and criticizes the view that paranoia is the result of an unconscious homosexual conflict. The acceptance of Freud's theory as a universal explanation of paranoia has tended to prevent the exploration of other possible etiologic factors and has obstructed recognition of paranoia as a symptom complex with diverse etiology.

The concept that paranoid symptoms are due to a repressed unconscious homosexual conflict is generally accepted, and Freud's analysis of Schreber's autobiography, although formulated and set forth as a theory, has been widely accorded a factual status. Numerous investigators, however, have found the theory inadequate to account for paranoia in a large proportion of patients. If homosexual conflict is not the universal precursor and cause of paranoia, every such patient should be studied for alternative explanations, to permit the institution of appropriate therapeutic measures. Basing all treatment upon a plausible but only partially applicable hypothesis makes for therapeutic waste and inefficiency.

Freud's methodology is traced by beginning with a statement of the problem. Is paranoia caused by the attempt of an individual to master unsuccessfully repressed homosexuality? Since homosexual conflict is unconscious, its existence must be inferred from indirect signs, and since the presence of such conflict cannot be directly ascertained, its existence may be assumed if enough evidence can be marshaled. This raises such questions as: What are reliable indications of such unconscious conflict? Are there dependable criteria? If so, how were they validated? How much evidence is enough to justify accepting such a conclusion? How does one avoid the circularity of invoking as evidence of homosexual conflict the elements of Freud's hypothesis themselves?

Inductive observations based upon the published autobiography of a psychotic person are of questionable validity. Although Freud was

well aware of the demands of scientific method the Schreber hypothesis is a multi storied structure of hypotheses in which theory is used to support theory. Indeed the author goes on testing of this Freudian hypothesis raises the question of the validity of all psychoanalytic data. Conclusions based upon observations made in the psychoanalytic situation are subject to numerous challenges. The effort to make positive identification of unconscious homosexual conflict has always offered difficulty. The criteria of latent homosexuality must not be formulated in terms of theories that have entered into the construction of Freud's hypothesis for that would be using a portion of the proposition to be proved as a part of the proof.

A review of the quantitative studies that have been made upon paranoid patients indicates that no explanatory concept is universally applicable. A large discrepancy is demonstrated between the findings in these quantitative studies and the prevailing concepts of paranoia and its origin. The recognition that Freud's theory has only a limited rather than a universal applicability to paranoia may well clear the way the author feels for fruitful investigative activity in the search for other etiologic factors.

In a related paper N. N. CHATTERJI (50) attempts to formulate a NEW THEORY OF PARANOIA. This is based mainly on the various vicissitudes of an identification with the mother. There is considerable emphasis on the role played by anal-erotic fantasies in the elaboration of the various delusions. The author feels that the traditional psychoanalytic theory of paranoia emphasizing the conflict over unconscious homosexuality does not adequately explain all the clinical phenomena associated with this group of conditions. Noting for example that not infrequently the persecutor is not of the same sex as the patient he feels that this observation militates against placing the homosexual conflict in the center of the paranoid psychopathology.

In his own clinical experiences the author is impressed with the preoccupation of paranoid patients with food and poison with the role of feces in their fantasies and with their attempts to overcome feelings of weakness by various identifications with a parental figure usually the mother. He is particularly concerned with the fecal fantasy where in feces are endowed with magical power a power which can be either benign and strength bringing or malevolent and dangerous. Chatterji also points out the frequency of the conflict between life and "death" forces in these patients and feels that the particular outcome of a given identification with a maternal object will depend on the direction of these life or death forces.

In the manic depressive patient there is a basic need to 'overcome weakness, a weakness due to the patient's feeling that he was unduly deprived by the mother in infancy. This weakness can be overcome through fantasies either of oral aggressive incorporation of the mother or of an intra uterine reunion with her. In the first type, the most frequent fantasy is that of eating the mother's breast (or derivatively the father's penis). This incorporation leads to an identification with the milk giving mother. If this process is successful, the patient manifests a megalomaniac quality and 'takes pride in the glory of the mother's vastness' which Chatterji refers to as the feeling of "oceanic consciousness" and which can be observed in many of the patients who are prone to a psychosis. If, however, the aggression against the internalized maternal object has been checked because of the fear of destroying the needed mother, this aggression can be directed against the self. A desire for death then appears, which in turn is projected onto the mother, with the emergence of delusions of persecution. A variation of this sequence is seen in the delusions of being poisoned, where the incorporated persecutory mother is equated with food and then with poison.

The fantasies of intra uterine reunion with the mother usually follow an unsuccessful attempt to incorporate her. As an example, the author describes a patient who first expressed the wish to devour the mother but at the same time feared that he could not digest and absorb her. The patient felt that the mother would remain in this undigested state within his alimentary canal and might be lost to him when she passed out as excreta. This led subsequently to the fantasy of returning to the womb and merging with the mother. Since the fantasy of returning to the womb may be synonymous with dying even if this is just the means to the end of a rebirth, the wish is projected onto the mother, who then becomes converted into a persecutor.

In paranoid patients and especially in paranoid schizophrenics, there is a greater tendency to identify with parents on the 'autoerotic level,' especially with the mother on an anal level. In this group of patients there also exists the wish for oral incorporation of the mother (although Chatterji suggests that this might also occur anally) and the fear that the ingested mother is too vast to be properly digested or absorbed. Here the further emphasis, however, is on the fate of the incorporated mother. These patients also fantasize that she is converted into feces, but, unlike the manic-depressive patients, who are then primarily concerned with losing the feces mother, these patients fear that they will be converted into feces themselves as a consequence of their identification with the mother. To become feces is to die and this becomes the nidus for delusions of persecution. Moreover, having the ingested mother converted

into feces is equal to having her converted into poison hence the delusions of being poisoned in these patients

When a male patient of this variety identifies with the mother feces in his own intestines he also identifies with her as a female and in this role as a woman desires to have sexual relationships with the father Simultaneously there is also identification with the father and a desire to possess the mother feces This however is perceived as dangerous because of the fear of being converted into feces himself The author feels that this mechanism is responsible for the inability of these patients to accept a feminine role in these fantasies

Chatterji feels that many of these patients of either sex develop the wish to become prostitutes This occurs because a prostitute is a female of the anal type who has given a genital coloring to her anal erotic desires In a sexual relationship she receives the excreta of many men which in turn have been identified with the mother In the female patients of this type there may be a fear of sexual intercourse with their husbands These women conceive of semen as excreta which are dangerous and which might hurt them or turn them into feces the equivalent of killing them These mechanisms produce not only the delusions of persecution but also delusions of jealousy since these women unconsciously want their husbands to seek out other women in order to spare themselves from the destructive effects of the semen feces

Similar conflicts and fantasies Chatterji points out operate in hysterics and obsessive compulsives but these patients have much more intact egos and are not prone to be overwhelmed by their identification with objects In this connection the author attempts to differentiate between the processes of identification and introjection In the former there is merely the acquisition of the qualities of the object and no real loss of the integrity of the self while in the latter the orally incorporated object would be converted to feces and the patient's ego would be eclipsed by the pressure of the introjected object

LIONEL OVESEY (208) in *THE PSEUDOHOMOSEXUAL ANXIETY* presents a case report which demonstrates the author's handling of what he considers the pseudohomosexual anxieties of a young male patient The material drawn from dreams and from life is viewed as a pseudohomosexual façade which is related in its depth to problems about assertion dependence and failures of adaptation Telling the patient he was not a homosexual in contrast to what the author believes would have been the approach of the classical method to point to latent homosexual tendencies and the presence of a feminine component furthered a successful and sound therapeutic result which the alternative approach in the

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opinion of the author, would have impeded This paper is reported in greater detail in Chapter IV

DAVID GRAUER (110), in *HOMOSEXUALITY AND THE PARANOID PSYCHOSES AS RELATED TO THE CONCEPT OF NARCISSISM*, questions Freud's theory of the etiology of paranoia Freud's conclusion that homosexual formations are restitution phenomena depends upon his idea that regression takes place to a state of primary narcissism Grauer recommends that narcissism be equated with Federn's concept of "reflexive ego libido"

Although psychoanalytic literature has followed Freud's assumption that there is a close connection between latent homosexuality and the paranoid psychoses, psychiatrists have been unable to confirm such a relationship in the majority of cases and Grauer's analysis of the delusions of twenty four cases of paranoid schizophrenia revealed homosexual content in only five Freud contrasted the depth of regression in schizophrenia with that in paranoia, averring that in the former state regression was deeper and therefore recovery less likely Factually, catatonics have a better prognosis than paranoiacs Grauer suggests that the fixity of the pathologic process rather than the depth of regression is decisive

Since Freud's hypothesis regarding the relationship between latent homosexuality and paranoia is not confirmed, Grauer questions his interpretation of the mechanism in paranoia According to Freud's thinking, schizophrenic psychoses are produced by the withdrawal of libido from objects and the subsequent turning of the libido onto the ego, resulting in a state of "primary narcissism" In deeper forms of schizophrenia the patient remains in the narcissistic state, whereas in paranoia he attempts to regain his contact with objects and such attempts apparently result in homosexual fixations Therefore Freud's theory of the etiology of paranoia rests on his conception of narcissism However, the concept of narcissism has been confusing and its usefulness has been questioned Various concepts have been included under the term narcissism, including autoerotism, originally a simple instinct psychological description stating nothing about object relations Likewise, the lack of cognizance of reality at birth has been included under narcissism Loving oneself as an object necessarily arises at a later stage of development Thus the so-called "primary narcissism" is actually a secondary phenomenon, resulting from frustration of a primary, archaic type of object love Primary autoerotism is an objectless state, and the self-as-object aspect of narcissism must therefore be distinguished from it

Although Federn examined this problem most thoroughly, his use of the term narcissism further confuses the picture Federn's "primary narcissism" refers only to that aspect of ego libido which is expressed

in the medial form whereas Freud includes under narcissism what Federn would call both medial and reflexive forms of ego libido. Grauer suggests that narcissism be restricted to the reflexive form which would include narcissism as a condition in which the self is taken as an object of libidinal attachment. This would at the same time be in keeping with the popular usage of the term. Reflexive ego libido or narcissism according to this definition is regarded as a primitive regressive or pathological form of love. This exists to some degree in all individuals. Self appreciation is not a necessary component of ego strength. Federn's conception of medial ego libido is more useful than the concept of narcissism for an understanding of ego strength and weakness.

Whereas Freud hypothesizes that the psychotic state results primarily from the withdrawal of libidinal object cathexis which is directed onto the individual, Federn regards the loss of ego cathexis as primary and the depletion of ego libido as preventing the individual from forming object relations. Compensatory mechanisms such as regression may then be employed. Federn believes that narcissistic behavior is not an inevitable consequence of ego breakdown but various degrees of narcissistic regression may be associated with schizophrenic ego disorganization. With the disturbance of the ego sexual identification may also be disturbed. In such a case latent homosexual tendencies may be released. Such homosexual tendencies would not be considered an expression of a dominant primary homosexual component. A different interpretation of homosexual tendencies emphasizes the interpersonal aspects of the relationship rather than the specifically sexual ones. In a man such tendencies may for example symbolize a desire for passivity.

Failure of the ego can be expressed not only in dissolution of ego identity but also in what Federn calls loss of ego boundaries. Such a condition offers a fertile soil for projective mechanisms. Freud's concept of increased narcissism includes the idea that ego boundaries are lost when projection occurs. This theory views the loss of boundaries as secondary to withdrawal of object libido.

PSEUDOHOMOSEXUALITY: THE PARANOID MECHANISM AND PARANOIA by LIONEL OVESEY (207) is an adaptational revision of classical Freudian theory through the application of the concept of pseudohomosexuality and includes those extensions of the original theory that deal with non-delusional manifestations of the paranoid mechanism. It is intended to demonstrate that paranoid phenomena can stem from nonsexual adaptations to societal stimuli and need have nothing to do with homosexuality.

This is done in the adaptational frame of reference through the use of the concept pseudohomosexuality. Anxieties about homosexuality

are broken down into three distinctly separate motivational components: sexual dependency, and power. Only the component that seeks sexual gratification as its goal is considered truly homosexual. Although dependency and power components may use the genitals, they seek other nonsexual goals. Restating Freud's writings on Schreber, the author outlines the various ways the repressed homosexual wish may be projected or denied. He states that the instinctual frame of reference kept Freud from realizing the empirical facts—namely, a failure in social adaptation results in social humiliation—and the paranoid mechanism.

The inhibition of assertion is the crucial issue in men who fail to meet societal demands for masculine performance. This stems from the childhood struggles between the growing child and either his parents or siblings. These struggles are unconsciously perceived in symbolic terms of murderous violence. Because of the fear of lethal retaliation, inhibition of aggression and also nonhostile assertion logically follows.

The failure of the nonassertive male may be formulated by the following symbolic unconscious equations: I am a failure = I am not a man = I am castrated = I am a woman = I am a homosexual. Each idea in this equation is in essence a social value judgment. The ways to repair this are twofold: either by power, i.e., continuous competitiveness, or dependency through an oral or anal incorporation of the stronger man's penis. Both result in failure and chronic pseudohomosexual anxiety.

The psychotic integration of the pseudohomosexual conflict is illustrated by the case of an incipient paranoid schizophrenic. The acute onset of a delusion of femininity coincided with his promotion to a high executive position. There were ideas of reference, repetitive fellatio fantasies, etc. While he attributed his anxieties to masturbation, he failed to see the roots of this in unresolved dependency and power (competitive ones with siblings) problems. He was 5 feet 6 inches tall, born into a family of eleven siblings, all of whom are 6 feet including a twin. He also had been fatherless from six months on. The competition for the mother was intense, and he could never succeed. The dream material indicated that the acute episode was precipitated by his fear of retaliation for his successful competitive efforts—retaliation being death, castration and/or anal or oral rape.

In his revision of the Freudian theory of paranoia, the author formulates that pure power motivation without any pseudohomosexual motivation is the constant feature in paranoid phenomena and the essential related anxiety is a survival anxiety. The pseudohomosexual components of power and dependency motivation, the true homosexual

motivations and the survival components are all variables which can be present or absent

IV CRITIQUE OF CONCEPTS IN APPLIED PSYCHOANALYSIS

A RETROSPECT OF FREUD'S *LEONARDO* by RICHARD R. WOHL AND HARRY TROSMAN (293) is an attempt to recapture and evaluate the intellectual atmosphere at the particular stage in the development of psychoanalysis when *Leonardo* was written. This work was first published in 1910 and has since appeared in several editions in several languages. The only edition in which there were any significant changes was the French edition by Marie Bonaparte upon which the most exacting scholarly attention was lavished. Into this work which was inspected by Freud prior to publication Bonaparte inserted many editorial foot notes besides criticizing and amplifying Freud's documentation and enriching the book with many observations of her own. Brill as well as the other translators and commentators for the most part overlooked this work.

The authors recapitulate the little that is known about Leonardo the man, this mysterious and momentous figure who was the first one subjected to the new method for evaluating existing clues. They sum up the monograph, a restatement of the screen memory about the vulture and Freud's formulations about this. There is also a résumé of how Freud uses the clues uncovered to explain the psychogenesis and dynamics of homosexuality.

The screen memory showing a preoccupation with vultures was translated by Freud from the original from which he then went on to discuss the Egyptian goddess Mut (represented as having a vulture's head) which led to the German *Mutter*. Supposedly Leonardo had a warm intimate relationship with his mother before he went to live with his father. The authors find however that the word *del nibbio* refers to the kite, a separate and distinct genus not even superficially resembling the vulture. The kite is a sleek bird like a falcon with a forked tail wholly unlike that of the vulture.

Commenting upon the mother-son nexus the authors point out that illegitimacy in Renaissance Italy was hardly viewed in the same light as in early twentieth century Vienna. They conjecture that Leonardo was probably turned loose in his mother's family and community and grew up with other children and a variety of parental surrogates. Freud in his effort to substantiate his conclusions states that (1) Leonardo took

specific form of unlearned behavior, characteristic of the species, for which this behavior has survival value.

Szekely believes that the "eyes-nose-forehead" configuration is a key stimulus, phylogenetically derived from the enemy key stimulus for triggering instinctive fear behavior. He then postulates that the infant smiles in response to this stimulus in the third month because he has at this time achieved the first mastery of this archaic fear. This is achieved by transforming the "eyes-nose-forehead" part into a partial object with the help of libidinal investment. Szekely further believes that the eight-month anxiety is the visible manifestation of the child's having now learned to distinguish the part object of the mother's face from the pre-object of the "eyes-nose-forehead" enemy key stimulus. This preobject archaic quality survives as an anxiety stimulus when perceived in a stranger. This concept, however, is an extrapolation of the insights gained from the ideational communications of patients to the visual perceptions in the infant. Szekely further feels that his hypotheses are supported by Spitz's observation that the child may be afraid of the stranger even when the child is in its mother's arms.

To these assertions, however, Spitz points out that in most instances children in their mothers' arms pay little or no attention to the stranger or show only friendly curiosity. It is also notable that presentation of the face to several hundreds of infants has never produced fear in any but three or four cases, in which there was a special reason for this reaction. The author also differs with Szekely concerning the essential nature of fear and anxiety, which are used interchangeably by the latter. Spitz, following Freud, looks upon eight-month anxiety as a danger signal produced by the threat of break-through of the protective barrier (*Reizschutz*) against stimuli. An increasing longing for the mother (id strivings) puts a mounting pressure on the ego, which is still too weak either to fulfill or to tolerate these demands. The latter are perceived internally as a threat that the ego will be swamped with feelings with which it cannot deal. On the other hand, the child experiences fear when confronted by *known* and recalled dangers long before the inception of the eight-month anxiety. Since the stranger is not a danger experience in the history of children at the time of the eight-month anxiety, the reaction of anxiety must be to an internal threat. In contrast to this, the child has experienced numerous unpleasure situations in connection with the mother, yet he does not react to her face with fear.

At some point in development, fear in the presence of known danger is elaborated into the fear of the unknown danger, into the reaction to the conflict of instinct. Eight-month anxiety is the first observable instance of this conflict. This is not a neurotic but a normal phenomenon

in so far as the conflict is between the ego and the id. For the conflict to take on a neurotic coloring a forerunner of the superego as Ferenczi's sphincter morality, is required for example in *pavor nocturnus*. At that point the conflict will no longer be between ego weakness and id demand but rather between conscience and the id.

IN CRITICAL OBSERVATIONS ON FAIRBAIRN'S THEORY OF OBJECT RELATIONS KARL M. ABENHEIMER (2) criticizes both the factual and the theoretical viewpoints put forward by Fairbairn essentially from a Jungian point of view. Criticisms of the factual basis of Fairbairn's theory are placed under the following headings:

1 *Dynamic Structures*—Fairbairn opposes Freud's impulse theory and wants to replace it with one of object relations. Rejecting the pleasure principle he talks of libido not as pleasure seeking but as object seeking. Fairbairn regards the relationship to internal objects to be of paramount importance whereas repression refers only to internal structures. Therapy deals with the relationship with internal objects. This is not primarily a historical-genetic approach but rather deals with the present relationship to internal objects. Fairbairn's dynamic structures according to Abenheimer are exactly what Jung has described as complexes though this parallel is not mentioned.

2 *The Origin of the Inner World*—Abenheimer feels that Fairbairn's theory of the origin of the inner world as introjected object or ego structures is unacceptable and untenable for the following reasons: (a) because it is a rational construction unsupported by clinical data; (b) because it contradicts the findings and observations of Jung and his followers; and (c) because it is at variance with a number of assumptions which Fairbairn himself makes. When describing the psychological cosmos of the infant it is meaningless to speak of an internal and an external world. Objects belong from the start wholly or partially in the internal world. Ego elements as well are from the start conflicting and unintegrated. Secondary identification does exist more frequently not with external objects but with good internal objects which have never been in the external world but are the imagined wish fulfillments of internal needs. It is mostly bad external objects which one internalizes in the process of trying to control them.

3 *Freud's Libido Theory*—Fairbairn differs from Freud mainly by his insistence that we have to consider not only the immediate sexual aim but the more complex and holistic aim of the total personal relationship symbolized but transcending the narrow sexual aim. This was also the basic conflict which led to the split between Freud and Jung. Fairbairn however speaks only of two types of object relations: infantile

dependence and mature dependence leaving unclear how the transition from one to the other comes about. While it is true, states Abenheimer, that various oral, anal, and genital symbols can represent every form of object relation, it is equally true that each one is more characteristic of a specific form of object relationship.

4 *Repression and Aggression*—Abenheimer agrees with Fairbairn's contention that repression relates to dynamic structures rather than only to isolated memories. However, the author doubts that neurotic defenses are primarily related to aggressive or destructive urges as such. Patients fear the consequences which may result in loss of love or in a conflict with the parents upon whom they are dependent rather than the aggression as such.

5 *Fairbairn's Psychopathological Classification*—Fairbairn distinguishes between disturbances which result from an upset of the infantile dependence relationship (i.e., schizophrenia, schizoid states, and depression) and those resulting in disturbance during the transition from infantile to mature dependence (i.e., obsessional, paranoid, hysterical, and phobic techniques). This classification does not permit the inclusion of a typical technique, hypomanic denial. In describing the paranoid technique as internalization of the accepted, and externalization of the rejected objects, Fairbairn describes only the final phase, and neglects the important earlier phase when the rejected objects are internalized.

6 *Theory*—Abenheimer feels that Fairbairn's papers are excessively abstract. Contrary to Fairbairn, Abenheimer feels that analytic psychology is not a natural science and belongs instead to the interpretive human studies; its concepts are derived from the prescientific apperception of man. The very term 'object' is a misnomer. The subject's urges and aims relate to another subject, not to an object, which is experienced as unanimated and nondynamic. In the classification of objects Fairbairn originally used the Kleinian terms of 'good' and 'bad,' terms appropriate to the vagueness of infantile judgment. This has nothing to do with the generality of scientific abstractions, and should therefore be avoided. A consideration of the vague term 'relation' also shows this type of imitation science. Abenheimer feels that Fairbairn's faults result from the attempts of psychology to present its findings in the terms of science. The author feels that although Fairbairn is nearer to the 'right insight' than classical Freudian teaching, his method and his intention are disparate. Analytic psychology deals not with substances or physical energies, but with the contents of mental acts, and is therefore similar to such studies as history, art criticism, etc. There can thus be no elimination of the subjective elements in the observer, and therefore no

experimental role Dynamic psychology is the study of that mythology in and through which we actually live

In the final paper of this group *OBSERVATIONS IN DEFENCE OF OBJECT RELATIONS THEORY OF THE PERSONALITY* W RONALD D FAIRBAIRN (80) answers point by point the criticisms made upon his object relations theory by Karl Abenheimer in the paper above based essentially upon the Jungian school of thought He points out first that Abenheimer contends essentially that in so far as Fairbairn's conclusions conflict with those of Jung they are in error to the extent that they have something in common with Jung's views it were better that those views had been adopted in the first instance rather than making those of Freud the starting point

Fairbairn repudiates the idea that his dynamic structures are equated with Jung's complex and uses quotations from Jung's writings in which the term complex is used in a variety of different meanings having nothing in common with his concept of dynamic structures He takes issue with the statement that various postulates are mere conjecture because they happen at a time of life before exact clinical observation is possible implying that inductive inferences regarding events which lead up to those observed are impossible

In discussing primary identification Fairbairn feels that Abenheimer seems to confuse internal objects with images Internal objects far from being images are internal structures established under the influence of personal relationships and needs Fairbairn says that Abenheimer is in error in stressing the presence of internal persecutory objects as being of major importance in paranoid states The presence of these internal objects is universal while it is the projection of the rejected objects with the retention of the accepted ones which characterizes the paranoid technique

Under the heading Fairbairn's method does not lead to the finding of natural laws Abenheimer criticizes the formulation given of the four techniques of the transitional stage as just a play with words In this he seems to have failed to grasp the significant points made i.e. that the processes of internalization and externalization are essentially unconscious that accepted and rejected objects are internal objects and that the techniques described are only techniques with the objects in question remaining internal irrespective of whether they are treated as external or internal

Abenheimer's concluding section is concerned with the idea that analytic psychology is part of human studies rather than of science Fairbairn feels that a true estimate of the scientific status of psycho-

analysis from an experimental standpoint can be reached only after the full significance of the concepts of "transference" and "inner reality" has been appreciated. These two concepts are conspicuously absent from Abenheimer's discussion.

CONCLUSION

The group of papers gathered in this chapter constitute a review of the efforts in this year's literature devoted to critical assay. Panels were held on the re-evaluation of the libido theory, as well as on the validation of both theoretical and technical problems. A series of papers dealt with criticisms leveled at the classical linkage between paranoid conditions and repressed homosexual conflict. A detailed critical survey of the various schools of psychoanalytic thought was the subject of a comprehensive book.

It is seen, in surveying this segment of the literature, that many of the papers stem from variances in the operational concepts of the particular investigator. Thus, for example, criticisms of basic psychoanalytic theory came from the Jungian school and from the point of view of Horney and other "culturally oriented analysts." Modifications in ego theory were originated to interlock better with sociological, adaptational, and role theory explanatory concepts. The superego was described from a theological point of view, and transference was explained in terms of communications theory. Another group consisted of specific disputes between certain authors about discrete controversial issues, such as between Spitz and Szekely on the issue of the extrapolation of ethological findings from animals to humans, and that between Abenheimer and Fairbairn on the latter's object relations theory of the personality.

In summary, it is felt that this group of critical papers, while helping to maintain the vigilance and self-scrutiny which is always in order and which holds the promise of continuous advances, did not include this year any major addition or any substantial valid modification in either theory or practice.

Chapter III

THEORETICAL STUDIES

NATHANIEL ROSS M.D.

The classification of papers in this chapter is essentially similar to that in Volume V of the *Annual Survey* with additions to the section on General Problems necessitated by the appearance of numerous papers on the theory of anxiety and contributions to the problem of the super ego

- I General Problems
 - A Basic Theoretical Considerations
 - B Theory of Instincts
 - C Theory of Anxiety
 - D Developmental Studies
- II Specific Problems
 - A Ego Functions
 - B Ego Defenses
 - C The Superego

I GENERAL PROBLEMS

A Basic Theoretical Considerations

In this section we find contributions to the problem of the influence of a concept derived from physics—entropy—on psychoanalytic thinking on energetic and structural concepts papers on determinism on the attempts at correlation between neurophysiology and psychoanalytic concepts and on the problems of scientific validation of psychoanalytic interpretation

IN ENTROPY ORGANIZATION AND THE PROBLEM OF THE ECONOMY OF HUMAN RELATIONSHIPS THOMAS S SZASZ (274) calls attention to the manner in which psychoanalytic thinking is influenced by concepts

derived from physics particularly the concept of entropy. Such an influence is misleading and detracts from the proper appreciation of the complexity of object relationships, in which far more than a one-way exchange is involved and in which there must be careful assessment of the need-satisfactions of the participants on all levels.

In terms of physical growth, a metabolic interaction between *A* and *B* is understood as consisting of changes in opposite directions. If *A* ingests *B*, *A* increases to a higher level of organization ("negative entropy") while *B* decreases in complexity (entropy). Psychological interactions are often conceived in similar terms: e.g., a parent gives material care, 'love,' and 'information,' which the child receives. The giving system is thought of as progressively exhausting itself and the recipient one as growing. Other paired systems which may be thought of are teacher-student, physician-patient, analyst-analysand, etc.

However, in these situations there are more possible outcomes than in the case of metabolic exchange. A child may grow at the expense and well-being of a parent, but both may flourish. The same is true of the other paired situations in which neither of the participants loses any of the "organization" which it has developed. The frame of reference involving the concept of entropy (and of negative entropy as an expression of degree of organization) makes no allowance for such outcomes.

The analytic situation is being increasingly thought of as a mutual interaction in which therapeutic success depends to a significant degree on the analyst's ability to perform self-analysis, stimulated by the patient. If the patient is to improve, the analyst must improve too as a result of the interaction. In the examples of paired interaction mentioned, the contact is such that each individual relates meaningfully to the other, as a like individual who is fundamentally human. This is not true of exploitative relationships in which one of the participants is regarded as 'inhuman' (e.g., sick, alien, inferior, etc.). These remarks apply with equal cogency to the individual's orientation to a group instead of to a single person.

The concept of information is vital in these matters. In their study of communication, Ruesch and Bateson consider the first level of communication as an intrapersonal or 'within one network.' Information is thus considered a property of the system (organism). This seems similar to the concept of heat as a property of a physical system and facilitates the analogy which has been employed between transferring heat and transferring information among respective communicating systems. This concept of 'information' as an attribute of an organism, however, is inappropriate to the study of psychological problems in particular, interpersonal relationships. The author instead favors a more operational

viewpoint in which information is not regarded as the property of a single system (like a substance) but as a property of a system *A* interacting with another system *B*. It would thus be a characteristic of the interactional process not of individual entities.

Increased psychological complexity of a system therefore is not synonymous with a decrease in the entropy of the system as is the case in general biology. The following case illustrates this point. A gifted medical student in analysis was contemplating his curriculum for the third year. He said he felt sad that he would not be able to learn as much in his junior year as he had in the first two years. He felt he would not enjoy the coming two years as much. The chief difference between the first two and last two years in medical school was that in the latter the patient would have to perform certain duties in the hospital. The feeling that he had learned a good deal in the first two years was connected with his image of the situation in which this took place. The school, the instructors, the laboratory facilities were there to give him something for which he gave nothing in return (his father paid his tuition). In contrast to this his picture of the clinical years was that the school and hospital would receive services from him and others. The manifest thought of "I will not learn (get) as much" could be translated into the underlying thought of "They will get more."

The economy of human relationships therefore cannot be approached in the same quantitative fashion as in the case of the integration of instinctual energy (libido and aggression) within a single individual, a notion borrowed directly from the physical concept of energy. Economic concepts must be evolved which are based on the appropriate operationally validatable phenomena of human interaction.

For example, in the relationship between *A* as a teacher and *B* as a student we might ask: (1) What is the intention (wish) of *A* and *B* respectively? (2) What needs does the actual situation (relationship) satisfy in *A* and *B* respectively? The answers to these questions require consideration of what the particular situation at a particular time means (consciously as well as unconsciously) to both *A* and *B*.

As to interaction, the possibilities are numerous and complicated. e.g. *A* might wish to teach or indoctrinate *B* or even to humiliate him or he may want prestige or money. *B* might wish to learn or to appear as a good student or to placate his father. With regard to need satisfaction *A* may have to help someone (who represents someone else in his unconscious) or he may have to validate his own concepts through his students. Similarly *B* may have a need to receive or to be passive or to be helped etc. Thus it is possible for all sorts of combinations of giving

and receiving to exist between *A* and *B* on different levels and from different points of view.

HANS LAMPL (161) examines our current belief in psychic determinism. In a paper called ON DETERMINISM he relates the need for causality to the infantile curiosity about sexual matters. An alternative to the law of cause and effect is the law of probability. This method of approach is useful when the number of uncontrolled variables is large. However, this does not replace determinism. He applies his reasoning to the example given by Freud in *The Psychopathology of Everyday Life*. The example is the analysis of a spontaneous number which came to Freud's mind when writing that he did not intend to make any further changes in the proof sheets of *The Interpretation of Dreams* even if there were 2,467 mistakes in it. Being then forty-three, Freud expressed the wish to continue working another twenty-four years (i.e., until he was sixty-seven), rather than to retire, as an acquaintance of his had.

The danger in such an analysis is that we find an explanation, but not necessarily *the* explanation. Lampl concludes that there are psychic phenomena which are incorrectly considered to be exclusively psychically determined, whose determining factors we have been unable to disclose. They can be investigated only along the lines of probability at present.

IN A NOTE ON THE COMPATIBILITY OF PSYCHIC DETERMINISM AND FREEDOM OF WILL, SAMUEL D. LIPTON (176) remarks that the feeling of freedom of will, a constant subjective sensation of the normal ego, presumably arises from the ego's mastery over unconscious impulses. It is in direct conflict with the intellectually accepted belief in psychic determinism as an aspect of scientific causality. Only in disturbances of ego function does the emotional conviction of freedom of will become altered. The author suggests that a feeling of determinism is genetically more primitive than the freedom of will, and that the intellectual concept of causality is an even later acquisition.

A book by KENNETH MARK COLBY (52), *ENERGY AND STRUCTURE IN PSYCHOANALYSIS*, presents the view that traditional psychoanalytic theories of psychic energy and structure require revision because they are based upon an outmoded nineteenth-century physics. He postulates a new hypothetical "cyclic-circular" model for these concepts which he believes should be useful for clarifying the above-named concepts and their interrelationships and for psychoanalytic theory in general. A complete synopsis of this book appears in Chapter X.

MORTIMER OSTOW's (203) report, *A PSYCHOANALYTIC CONTRIBUTION TO THE STUDY OF BRAIN FUNCTION* comprises Part II, "The Temporal Lobe," and Part III, "Synthesis," of a tripartite study. In Part I, "The Frontal Lobe," he suggested that in the frontal lobe preconscious derivatives of instinctual drives are formulated and aroused to activity in a relatively ordered sequence.¹ In Part II he hypothesized that in the temporal lobe and perhaps in the hippocampus lies the function of matching the external situation with preconscious memories, perhaps with special concern for implications of danger. In Part III he synthesized his hypotheses, stating that derivatives of the ascendant unconscious fantasy are presented to the temporal lobe, where they are matched with the external situation, and suggested that the results of the comparison are conveyed to the frontal lobe, providing it with information necessary for it to guide the procession of unconscious fantasies, thus making possible pursuit of a given set of instinctual goals, consistently but not rigidly, with a minimum waste of motion.

After presenting an extensive review of the anatomy and physiology of the temporal lobe, involving studies of lower animals and man, Ostow turns to the works of Penfield and his associates on electrical stimulations applied to the brains of conscious humans. Penfield and Rasmussen stated, "within the temporal cortex there are mechanisms which somehow play an important role in the act of remembering and of making comparisons between present sensory perceptions and past experience here alone electrical stimulation and epileptic discharge activate acquired synoptic patterns." Ostow summarizes the work of Alder and Bucy to the effect that in monkeys deprivation of temporal lobes results in important affective changes. He then observes that the hippocampus phylogenetically comes to assume significant nonolfactory functions and comments upon the fact that in man, in whom olfactory functions are poorly developed, the hippocampus attains a relatively large size and has been found to have little olfactory function. Summing up the anatomical and physiological review, he states that some part of the temporal lobe, if not the hippocampus itself, has a function related to the elaboration of the affective component of behavior.

After remarking on the presence within lower animals of much complex, unlearned behavior, reflex in character, and the relative modifiability of behavior through learning in man, Ostow suggests that in a brain that possesses the capacity to develop new responses to olfactory stimuli in accordance with the past history of the individual, one must

¹ For a synopsis of Part I, which appeared in 1954 see *The Annual Survey*, Vol. 1 pp. 37-41.

assume the presence of a memory, that is, a device for making a record of olfactory data in conjunction with other data indicating the nature of associated experience. There must also be a device with the function of comparing current olfactory data with data from remembered experience. He raises the following questions: (1) How are experiences labeled as satisfactory or unsatisfactory? (2) How are the labels attached to the associated olfactory data? (3) How are current olfactory data to be labeled after comparison? In an attempt to answer them Ostow suggests that the quality of affect and its sensory organ consciousness exist to serve these functions. He theorizes: *'The primary purpose of affect is to label and identify possible objects of instinctual gratification as desirable or undesirable, and that the primary function of consciousness is to perceive affect'*. He finds the hippocampus to resemble the hypothetical structure which had as its function the elaboration of affect, and, without inferring that the hippocampus is the site of consciousness, proposes that the function of the hippocampus is to elaborate neural data, which when they arrive at the proper site are interpreted by consciousness as affects.

Ostow reviews the metapsychology of apperception. The picture of the external world is probably obtained by a scanning process and is distorted by the limitation of the perceiving and transmitting organs. It is endowed with a small cathexis which entitles it to a certain claim on consciousness. When the cathexis of attention is turned to this perception, the process of apperception ensues, probably also by a scanning process. Preconscious memories in series are compared with the perceptive picture in rapid sequence. When the match is good, a hypercathexis results from the combination of attention cathexis and the preconscious cathexis of the preconscious memory with which the perception is matched. If the outcome of the matching is recognition, an unconscious drive is brought into operation by way of its derivative, associating it with an instinct and the unconscious memories and fantasies of which the preconscious memory is a derivative. In the scanning for a suitable match two forces coincide: objective congruity and tendency to project. It is here that reality testing enters. The more important determinant of the preconscious fantasy to be imposed upon the presenting situation is that it must be as directly as possible a derivative of the presenting unconscious wish fantasy. In general, the individual will act in such a way as to obtain from the presenting situation a maximum of pleasure and a minimum of pain. When he is to decide the most promising course of action, the question 'How' is answered even as it is asked by the affect which simultaneously appears. Thus the pleasure-pain principle becomes an instrument for the execution of the repetition compulsion. This formulation of the r

is consistent

with the idea that the essential function of consciousness is the perception of affect

Ostow then extends his physiologic hypothesis in light of the meta psychological theory and states within the temporal lobe lie structures that have the function of matching percepts with preconscious memories and thereby with unconscious repressed memories and fantasies. The matching is attended by recognition and the result of the assessment of current percepts is expressed in terms of affect. He feels that memories must have access to the temporal lobe. It is unlikely that undiseased temporal cortex has access to consciousness. The hippocampal mechanism is a predictive one but the hippocampus does not have the function of elaborating sensations. It merely generates affect.

In Part I Ostow had suggested that in the frontal lobes preconscious derivatives of instinctual drives and unconscious wishes and fantasies are formulated and aroused to activity in a relatively ordered sequence. In Part III he returns to the assumption that a particular wish fantasy is ascendant and supposes that a derivative of an unconscious fantasy is projected onto the presenting external situation, a fantasy which promises a maximum of pleasure and a minimum of pain and sufficiently matches the external situation to allow superposition. The external situation is then interpreted by the individual as coincident with the fantasy. He then acts out the role assigned to him in the preconscious fantasy; he may change the environment to more closely correspond with it. Whatever the physiologic meaning of the ascendancy of a given unconscious wish fantasy, the process probably takes place in the frontal lobe and there too probably occurs the activation of the derivatives of the fantasy. The derivatives appear to be presented to the temporal lobe, probably the hippocampus, in order to form the basis for evaluation of presenting environmental stimuli. When the environmental presenting situation is matched with a selected derivative, the affect appropriate to the motivating unconscious fantasy appears in consciousness, perhaps via the fornix. The degree to which the drive is considered to be gratified or about to be gratified serves to determine whether the motivating unconscious fantasy shall remain dominant or be succeeded by another.

The author compares the operation of this mechanism with the function of speech. He states: Although symbolization is worked out in the inferior parietal regions, verbalization is affected by the opercular region of the dominant frontal lobe. Before, during or immediately after the speech, the words are conveyed to the temporal lobe where their meaning is assessed. Hence frontal lobe aphasia results in inability to verbalize with relatively little difficulty in understanding words, whereas temporal lobe aphasia results in difficulty in understanding words with

out inhibition in their production. Since in temporal lobe aphasia the feedback mechanism is destroyed the words produced cannot be evaluated and meaningless jargon results.

ALLAN STRAUSS (270) reviews the existing theories of interrelationship between mind and body in *UNCONSCIOUS MENTAL PROCESSES AND PSYCHOSOMATIC CONCEPT* and finds them unacceptable. Drawing upon certain facts in the psychology of perception viewed according to Gestalt theory, and emphasizing the fact that consciousness is only a quality of total mental activity, he proposes a "field identity" theory of psychosomatic interrelationship based on the existence of electrical brain fields. This theory is consonant with empirical psychoanalytic practice and meta psychology and is not open to the objections the author raises to prior theories.

Interaction between mental and bodily events is a matter of every day experience to the analyst. Yet the concept of such interaction appears to contradict the principle of the closed circle of physical causation. In his early consideration of the subject, Freud referred to the "insoluble difficulties of psychophysical parallelism," which explicitly denies causal relationship between mental and bodily events and so becomes unacceptable to the clinician. Also unacceptable is epiphenomenalism, in which bodily events influence mental ones but not vice versa, and materialism, in which mind is completely reduced to matter. Similarly untenable are the double aspect and identity theories. In the former the mental and physical are mere aspects of a third unknown substance and cannot causally influence each other. In the latter, all matter in itself is regarded as nothing but consciousness.

These theories are all alike in the one respect of equating what is conscious with what is mental. Psychoanalysis escaped such difficulties as these by denying the equation between mental and conscious. Freud's viewpoint includes the assumption that the mental, even though not the equivalent of consciousness, is still intrinsically different from anything physical or physiological.

However, there is an important trend in a branch of present-day psychology which makes possible a new approach to the problem. This branch is perception. The following passage from Adrian is relevant: "When a sense organ is stimulated, impulses are sent up to the brain in appropriate numbers and frequency to form some kind of picture of events in the receiving areas of the cerebral cortex. We suppose that something like this picture can rise into consciousness and help to determine our behavior." This distinguishes the picture per se, or something like it, from the consciousness of it.

In the case of a photographic picture the perception of the picture means much more than the aggregate of related yet intrinsically separate particles on the developed plate. For the picture is always a concretely unified whole or Gestalt. This concrete unity is a contribution made by the organism in the process of perception. The same considerations apply to the so-called image of the picture formed on the retinal surface since there is no more concrete unity in the retinal receptor elements than in the original plate. This concrete unity is produced by certain organizing processes in the brain which make a perceived picture a picture in the genuine unified sense. There is ample evidence to indicate that the quality of consciousness is in itself insufficient to account for this. The Gestalt school has considerable evidence to show that the same is true of other higher mental processes such as judgment, association, attention, inference, and other forms of psychic syntheses.

Gestalt psychology has postulated dynamic self-organizing processes (as opposed to rigid pathways and machinelike processes) to account for the facts in organization in perception and higher mental functions and in this connection has put forward the hypothesis of *psychophysical isomorphism*. Yet such specific similarities between phenomenal experiences and the underlying brain process still do not encompass the possibility of strictly causal relations between the two without violating the principle of closed physical causation.

The neurophysiology of the last thirty-five years has indicated that brain activity encompasses the operation of extensive electrical fields. Such fields can be assumed to possess concrete unity in proportion to their quantitative intensity and it would then be the field which constituted the picture *per se*. Such a literal identity hypothesis departs considerably from the Gestalt isomorphism hypothesis which remains dualistic where as the experienced picture could indeed be identical with unified physical fields.

Relevant to the origin of these and other brain potentials was the suggestion made by Gerard in 1936 that *quite apart from the discrete impulses transmitted in neural fibers* action in the brain may involve field potentials pervading the tissue as a continuum. Later he and Libet working with the frog's brain showed a potential field present in which waves of electrical activity could even complete anatomical cuts as well as synapses blocked by drug action and maintain functional interrelations between the separated brain regions. Steady and spatially extended semiuniform potential fields exist in the nervous system and can be altered by the physiological state of the system.

What may be said about the picture (percepts) can also be said about

the other constituents of the mental (ideas, feelings, memories, acts of will, etc.) They all presuppose some degree of *concrete unity* since they are all Gestalten irreducible to any sum of separate part elements. The physical fields generated by the molecular brain processes possess the two attributes necessary for something to be a constituent of the mental: (1) they take on the same structure as the processes themselves, and (2) they have concrete unity. Moreover, there are strong reasons for believing that memory traces in general are surrounded by fields which take on their structure and also concrete unity. Psychoanalysis has shown the effects of unconscious memory traces. These can operate via their fields, particularly exerting their influence "at a distance" on other mental contents and systems, an effect which would be important in many types of ego functioning as well as in displacement, condensation, regression, transference, and symptom formation in general.

This hypothesis of the body-mind relationship, which the author terms the *field identity theory*, therefore not only avoids postulating something which is neither conscious nor physical, but also resolves the contradiction between the interaction of bodily and mental processes and the closed circle of physical causation.

Determination of the conditions under which we become conscious of a mental constituent is an empirical matter involving factors such as the distribution of attention, catexis, and the dynamics of repression. It may be that these factors enable a mental constituent to become conscious by bringing it into functional contact with the *perceptual self*. Consciousness itself, since it is a quality, cannot as such be assumed to have any causal efficacy. What is causally efficacious in a given case is the mental constituent of which we are conscious, and which may have had to fulfill all the functions necessary for becoming conscious. Thus, where as the quality of consciousness "remains the one light which illuminates our path and leads us through the darkness of mental life," it would not be this quality itself which would bring about the changes leading to a therapeutic effect, but rather a set of functional processes which, however complex, at least all ultimately belong to one homogeneous realm of causation.

The direct point at which the above theory meets psychoanalytic metapsychology is in the concept of the unconscious mind, and the interaction it postulates is between that which is both mental and bodily (the structural electrical brain fields) and that which is only bodily (the neural substrate) leading to behavioral and other bodily processes. Thus there is signified a specific and literal identity of body and mind on the level of the physical field.

FRITZ SCHMIDL (247) states in *THE PROBLEM OF SCIENTIFIC VALIDATION IN PSYCHO-ANALYTIC INTERPRETATION* that a method of evaluating the validity of psychoanalytic interpretations could be developed on the basis of Bernfeld's ideas about the concept of interpretation and about the Gestalt character of psychoanalytic propositions. It would involve the fitting together of the Gestalt of what has to be interpreted with the Gestalt of the interpretation, made within the frame of reference of psychoanalytic theory.

The problem of scientific validation of psychoanalytic interpretations is of interest in psychoanalysis proper as well as in applied psychoanalysis. In textbooks on logic, interpretation is treated as a case of arguing by analogy. Analogy is defined as 'identity of relation or resemblance of relations'. Analogy never amounts to conclusive proof. There are an unlimited number of ways in which something may be interpreted. The problem is which way of interpreting is most fruitful.

Bernfeld has shown that in psychoanalysis interpretation can take place according to intention, function, diagnosis, symbolic translation, or through fitting the elements to be interpreted into the patient's life experience. In any interpretation we have to consider the frame of reference used and whether it is a legitimate one. For instance, unless we are convinced that there is infantile sexuality and an oedipus complex we shall reject any interpretation within this frame of reference. But in addition, in order to determine the validity of a specific interpretation, we have to determine that there is an analogy between the proposition to be interpreted and the interpretation given.

Bernfeld has pointed out that Freud always deals with Gestalten and not just with summations of elements. An interpretation is the more satisfactory the better it fits into what is to be interpreted as one complementary Gestalt into another. Using the case described by Freud in his *Introductory Lectures* of the girl with the clocks and flowerpots and pillow board rituals, the author points out that Freud based his interpretations on two psychoanalytic theories—sexual symbolism and the oedipus complex. In both interpretations Freud connects the specific content of his patient's symptoms with specific material from her life experiences. Thus, a psychoanalytic interpretation is based on two processes which have to be integrated. First, an inference is made within a certain frame of reference from a general empirical rule to a specific case. Then the interpretation connects certain elements of the specific life experience of the patient with each other. Since an inference is valid only if the general principle on which it is based is valid, this raises the question to what extent psychoanalytic theory can be validated. A great number of empirical studies surveyed in such publications as Robert R. Sears's

Survey of Objective Studies of Psychoanalytic Concepts, have shown that psychoanalytic theory can be validated like any other scientific theory

In psychoanalysis one frame of reference holds a central position—that of interpreting the present out of the past. The psychoanalyst has to become an expert in the area of each patient's life. This means that instead of testing one single fact within one frame of reference using a statistically significant population, the psychoanalyst deals with one person who presents an indefinite number of experiences in an indefinite number of frames of reference. Statisticians have called this the problem of the 'unique case,' to which standard statistical methods cannot be applied.

Robert Waelder has compared the work of the psychoanalyst with that of the detective and has suggested that an interpretation is valid if it not only explains all the known facts of the case but is also confirmed by facts discovered after it was made. This method of double checking, while it may be of practical help in assessing interpretations, does not satisfy the rigors of scientific validation.

Using the case of the traumatic wedding night experience described by Freud in his *Introductory Lectures*, the author breaks down both the symptom and the interpretation offered by Freud into six elements each, and shows that each of the factual elements in the symptom corresponds with one element in the facts which Freud uses in interpretation. It is this fitting together of all elements which stamps the interpretation with its validity. This suggests that there is a positive correlation between the number of corresponding elements in the two Gestalten constituting the interpretation and the degree of validity of the interpretation.

In applied psychoanalysis the criteria of validity of interpretation are the same as in psychoanalysis proper. If in any applied field the claim is made that an interpretation is a psychoanalytic one, it should be required to fulfill these two conditions: (a) that it is based on a psychoanalytic frame of reference and (b) that the interpretation and its object are two Gestalten fitting into each other.

A PANEL ON VALIDATION OF PSYCHOANALYTIC THEORY (217) was held at a meeting of the American Psychoanalytic Association. Various problems were discussed such as the complexity of frames of reference (clinical data, clinical associations, simpler theories, metapsychological problems, concepts from other disciplines), the influence of new concepts such as communication systems, the classification of intervening variables, feedback, target goals of responses in terms of defenses, drives, and levels of organization, the use of controls, the need for logical rigor, the necessity for translating psychoanalytic concepts into more opera-

uational terms the differences between psychoanalysis and the physical sciences and the over all importance of cooperation with workers in other disciplines. A complete summary of this panel appears in Chapter II.

B Theory of Instincts

In this section we find a report on a panel discussion containing numerous challenges to various aspects of the libido theory and in addition the summaries of two papers: one a speculation on the biological basis of the oedipus complex and the other an account of Bosc's view that all wishes have bipolar aspects.

At a PANEL ON REEVALUATION OF THE LIBIDO THEORY (212) Robert Waelder presented an outline of the component parts of the theory in order to provide a frame of reference for the ensuing discussions. Thomas M. French discussed the relationship of the libido theory to the integrative function, questioning the concept of a displaceable psychosexual energy. Lawrence S. Kubie also criticized the essential quantitative aspects of the theory, asserting that it was rather the defusing function of the symbolic processes which makes it possible for energies derived from biochemical needs to fuse and defuse. In the final paper of the panel, *The Libido Theory and Culture*, Abram Kardiner presented the view that while the libido theory might have been successful in solving special problems of neurosis, it cannot be used to study the adaptation of an individual to his culture. His frame of reference is an intracultural one containing the concept that inborn equipment is acted upon by cultural directives and values. A complete summary of this Panel appears in Chapter II.

IN CONCERNING THE BIOLOGICAL ASPECTS OF THE OEDIPUS COMPLEX G. N. DAVIDSON (56) presents genetic considerations to account for the existence of the oedipus complex. Freud's thesis is that the oedipus complex is a universal phenomenon which is biologically determined and is engendered in the individual case by parental care of the child. Some workers (Horney, Kardiner) have disagreed with this view. Using a holistic approach to the organism, data are presented which reflect on the biological aspects of this phenomenon. There is a greater difficulty in accounting for this complex in girls than in boys. The author points out that the boy receives only one X-chromosome from the mother whereas the girl receives an X-chromosome from each parent. He postulates that it is this genetic peculiarity that provides the impetus toward the development of a dynamic property of sexual psychotropism which

makes for biological reasons for the child to gravitate toward the parent of the opposite sex. External stimulation acts in the nature of a precipitating factor. These psychological factors play a greater role in the case of a boy than in the case of a girl in determining the outcome.

As a brief contribution to the G. Bose memorial number of *Samiksha*, NAGENDRANATH DE (57) reviews BOSE'S THEORY OF THE OPPOSITE WISH. Essentially Bose propounded that for every wish there is an opposite wish. He held that for every active wish there is also a passive wish, and for every 'subjective' wish there is also one from the point of view of the object. De points out that this theory is best illustrated in the obsessive compulsive neuroses. In the obsessions there is an unconscious wish. In the compulsive act the unconscious wish is manifest in the act itself, the opposite conscious wish is reflected in the attempt not to perform the compulsive activity. The author observes that the nonfulfillment of the conscious wish produces only little discomfort, whereas if there is a thwarting of the unconscious wish, there result more serious symptoms, including anxiety. De sketches the application of this concept in respect to doubt, indecision, modesty, and jealousy. In regard to the latter, he refers to a case of Bose's where a male patient foisted another male friend upon his wife and then blamed her for infidelity. Here the patient's conscious wish was that his wife should be attached to him alone, the unconscious wish reflected the patient's desire for such a relationship between his friend and his wife.

C. *Theory of Anxiety*

There is a wealth of contributions to the problem of anxiety. Here we find a historical account of the development of the concept of anxiety, papers attempting to establish a unitary concept, a dualistic concept, and a structural one of anxiety, a contribution to the relationship between 'security' and anxiety, papers on 'basic' anxiety and on castration anxiety, and one on the relationship of anxiety to "the image of the heart."

ELIZABETH R. ZETZEL (299) reviews THE CONCEPT OF ANXIETY IN RELATION TO THE DEVELOPMENT OF PSYCHOANALYSIS, from Freud's early views to recent trends. The position of anxiety has been central in analytic thinking, particularly since it occupies a realm between physiology and psychology. The earliest physiological stresses are experienced by the psychic apparatus. They serve both as a spur to the development of defensive processes, and as major determinants of the nature of the reactions to stress manifested later in life. Zetzel particularly emphasizes

the relationship between early stresses and constitutional factors in ego functioning and the ability to tolerate unrelieved tension without somatic discharge

In defining anxiety we are dealing with two sets of variables (1) anxiety as an exaggerated response to a minimal external danger and (2) anxiety as identical with normal fear but arising in response to an internal subjective threat. However unrelieved external dangers from which flight or fight is impossible will produce reactions indistinguishable from pathological anxiety.

The author then formulates three problems inherent in the concept of anxiety: (1) To what extent is anxiety a response to a danger situation, whether external or internal? (2) To what extent is anxiety produced by the frustration of an instinct? (3) Is anxiety the subject of awareness of instinctual tension or is it a mode of discharge? She then reviews the pivotal importance of the relationship of anxiety in the development of Freud's thinking to concepts on the relation of body and psyche, the unconscious mechanisms of defense, and the importance of the sexual instinct.

She reviews the first theory of anxiety in which it was conceived to arise from dammed up libido as a physiological process. The ideas about frustrated sexuality in the anxiety neurosis evolved into the recognition of infantile sexuality and pointed to the crucial relation between instinctual frustration and clinical anxiety.

The author discusses Freud's progress in embracing a psychological theory and in gradually abandoning attempts to correlate his psychological discoveries with physiological models. She traces the origin of the second theory of anxiety as far back as *The Interpretation of Dreams* as she focuses on Freud's discussion of the anxiety dream. She shows that in explaining why all dreams arising as they do from repressed sexual wishes are not anxiety dreams, Freud points out that the censor acts to bring about sufficient distortion to prevent the generation of anxiety. Zetzel points out that in *The Interpretation of Dreams* Freud implies the concept of anxiety as a signal and thus lays the foundation of modern ego psychology. In the *Introductory Lectures* where Freud traces anxiety to the birth process, the author notes that the concept of anxiety as derived solely from the sexual instincts has been expanded. Here Freud presents the situation of maximal stimulation with complete helplessness. This idea leads directly to the second theory in which anxiety is dual in nature, a warning of danger of a consequence of trauma. The author feels that a unified conception of anxiety may soon be possible. In his final formulation, Freud emphasized his view that the dangers concerned had originally been derived from external sources.

and thus implied the importance of object relations, even in so far as the superego is derived from external objects

Three main groups of anxiety situations are then considered: those inherent in all human development, those related to special problems in specific family constellations, and those related to problems inherent in the environmental or cultural pattern. The psychoanalytic approach is primarily concerned with these situations as a source of internal danger situations. And adds the author, the important role of aggression as a source of danger giving rise to anxiety must be taken into account. Not only the instincts but internal objects, particularly within the super ego, are to be considered a source of danger-causing anxiety.

Zetzel discusses, among recent developments, the work of Cannon and Selye, and attempts to correlate analytic findings with those of other disciplines. Considerable difficulties of terminology have inevitably resulted. Work on stress and homeostasis bear relationships to earliest psychoanalytic concepts.

The author attempts to clarify the distinction and relationship between primary and secondary anxiety, between anxiety as a mode of discharge (Freud's earlier remarks) and as a tension phenomenon experienced by the ego. She feels that no sharp line can be drawn between primary and secondary anxiety, but there are differences of opinion about the time at which the ego is sufficiently developed to use defenses in response to a signal of anxiety. She tends to feel that early infancy, particularly the early mother-child relationship, is vital in determining the way in which the ego is able to handle stimulation and to manifest anxiety of the signal type, which implies the ability to withstand tension. With excessive, prolonged early anxiety experiences, the physical concomitants of anxiety reactions at this period may be predominantly expressed in one main body system. This may account for the later development of particular psychosomatic syndromes via a process of physiological regression comparable to that of psychological regression in psychiatric illness.

Anxiety also serves as a stimulus for psychic development. For instance, she cites the ability to tolerate anxiety and to avoid denying it as a vital prerequisite for healthy character development. Concerning the ability to tolerate anxiety, the author questions its relationship to two essential factors: early intolerable instinctual tension, and constitutional predisposition to a disturbance in the process of binding instinctual energy.

The purpose of the paper by ABRAM BLAU (35) *A UNITARY HYPOTHESIS OF EMOTION. I. ANXIETY, EMOTIONS OF DISPLEASURE AND AFFECTIVE*

DISORDERS is to offer the hypothesis that anxiety is the primary emotion of displeasure and the basic source of other emotions of displeasure. There are three facets of emotion: the abstract subjective quality, the specific physiological and psychological reactions of the organism, and the situation in which it occurs. It is distinguished from affect, which is the subjective aspect. The roots of emotion are found in the survival functions of the organism expressed physiologically by the autonomic nervous system, the basic duality of which is eventually expressed outwardly as displeasure and pleasure.

In the newborn, there are two opposite reactions, a syntonic and a dystonic state. In the former, with a parasympathetic visceral pattern, the baby is tranquil, either sleeping or engaged in pleasurable movements. In the dystonic state, elicited by painful stimuli such as hunger, thirst, etc., there is agitation, with an emergency visceral sympathetic pattern. While the physiological component of emotion is innate and hereditary, the psychological aspect is an individual development, the outstanding feature of which is the process of learning by experience and education. It begins when the integrating functions of the central nervous system and the ego mature sufficiently. The specificity of emotional expressions varies with different cultures. With maturity, many intricate combinations develop and the emotion may become too complicated for classification as either purely displeasurable or pleasurable.

Affect consists of inner kinesthetic perceptions, either pleasurable or unpleasant. It is not localized but colors the whole personality. The painful state of tension provokes change, while pleasure is conservative and conducive of acquiescence. Affect should not be confused with its expressive counterparts. It exists only when the individual feels or perceives it. It can be comprehended by one person in another only in a coarse, general way. Affect is divided into three components: enteroceptive, proprioceptive, and verbal. Enteroceptive affect is an awareness of visceral reactions. This is the earliest and most basic component. Proprioceptive affect is an awareness of an action or impulse for some motor action. It is likely that affect and expressive response are aspects of one process, with the idea of motion certainly part of the perception of the affect. Verbal affect consists of identifying in words the other two components. Only a small portion of objective emotional behavior is innate—visceral responses. It is mostly acquired by learning certain reactions of the skeletal motor system of language, and of ideation. The child learns from the milieu what emotional behavior to demonstrate.

Anxiety is the primary innate emotion of displeasure from which other displeasurable emotions evolve. Aggression, evasion, or submission are formed into the secondary displeasurable emotions of rage, fear, and

depression Still later, tertiary displeasurable emotions become manifest and these include guilt, shame, and disgust Anxiety is a physiological response to disturbances in the equilibrium of the visceral economy Pathological anxiety is excessive or the result of an ordinarily inadequate stimulus In the infant, since inner perception is as yet undeveloped and, there is as yet no psychology of emotion or affect, the response is merely physiological Some observers object to the use of the term anxiety for this primitive undifferentiated reaction and prefer *Unlust* The author suggests the use of the term 'primary infantile' or 'primitive anxiety,' reserving anxiety for the later response, when perceptive capacities evolve

The physiological expressions of anxiety are adrenosympathetic. Anxiety equivalents, one or another of the visceral responses, may be the preferred channel of expression so that we may see cardiovascular equivalents in one, and gastrointestinal ones in another This may form the basis of psychosomatic conditions The cardinal feature of anxiety is its vagueness It is perceived as uneasiness and foreboding There is a wide range of responses Regression to extreme anxiety, resembling birth anxiety may occur when the stimulus is intense, sudden and overwhelming Two components of anxiety can be distinguished a direct defensive reaction against immediate danger (Cannon), and a more remote single reaction against forthcoming danger (Freud)

The secondary and tertiary emotions are not innate reactions like anxiety, but are learned responses evolving from anxiety The secondary displeasurable emotions may be divided into (1) rage, patterns of aggression (2) fear patterns of evasion and (3) depression patterns of submission In the infant, it is questionable whether there is any response to displeasure other than anxiety With maturation, anxiety is felt before the actual danger and then assumes its second role of warning signal In fear, the initial reaction is flight The author disagrees with the differentiation made between fear as a reaction to external danger and anxiety as a reaction to danger from within His distinction is based upon whether the form of the reaction is differentiated or undifferentiated, the specific means used to resolve the dangerous situation The one distinguishing feature of fear is the pattern of evasion Depression is the displeasurable emotion of defeat when flight from danger or rage is impossible and failure (object loss) must be accepted

The third state of emotional development comes with fuller maturation of the personality Three groups of tertiary emotions of displeasure—guilt, shame, and disgust—are the prototypes of the tertiary reactions Guilt is a self-condemnatory painful judgment with the quality of remorse and penitence, which can have a warning function Shame is

associated with a painful sense of being deficient or unworthy, causing the impulse of avoidance and concealment. Disgust is the reaction of displeasure accompanying a painful sense of intense dislike of an outer object or of an inner quality. Abnormal emotions do not essentially differ from normal ones. They are regarded as abnormal simply because they are inappropriate to the situations that provoke them.

An emotion can be avoided only by avoiding its excitant. It may be denied to consciousness by means of repression. Affect, by definition, implies awareness of the subjective responses; therefore it cannot be unconscious. Only the ideational representations or the voluntary motor component may be repressed. Defense mechanisms may distort the ideational content so as to protect the ego from unbearable affects and impulses.

In regard to actual neurotic or after effect symptoms, Fenichel classified these disturbances into positive forms which are exaggerations and negative forms which are inhibitions of functions. The positive forms are essentially equivalents of anxiety, or visceral physiological parts of anxiety. The negative forms are interferences with established functions and include inhibitions of partial instincts and interference with aggressive, intellectual, and occupational functions.

Therapy—Freud recognized that symptoms of anxiety are not analyzable in the same sense as are the psychoneurotic ones. Ordinarily when a person is faced by anxiety, he responds with the appropriate emotion and activity to attain a solution. The secondary and tertiary emotions are attempts to obtain relief from anxiety and if they continue unabated, there is a failure of restorative functioning. Symptoms of anxiety, secondary and tertiary emotions, and their physiological aftereffects are prominent in "actual" anxiety neurosis. At the core of every psychoneurosis and psychosis, there is an anxiety neurosis. The psychoneurotic process involves distortion by repression, regression, and "primary process ideation" in order to deny an unpleasant reality which cannot be handled realistically. Since it can be denied only in fantasy, the perceptive or executive capacity must give way and is obstructed by neurotic and psychotic mechanisms of defense. The psychoneurotic symptom is the consequence of anxiety.

Emotional and psychogenic disorders often coexist and have a reciprocal influence on each other. The affective or emotional component of these mixed disorders is probably best grouped with the actual anxiety neuroses. The psychoneurotic or psychotic process renders the individual more susceptible to anxiety. The emotional component must be differentiated from the psychogenic one, and for immediate relief straight forward measures of direct help, reassurance, or environmental changes

are needed. For more permanent results in affective disorders, two types of investigation are possible: (1) psychoanalysis of the basic character neurosis, and (2) attempts to determine the irrational factors disturbing the individual with this particular emotion. In the actual practice of psychoanalysis both types of analysis are carried on concurrently, for there is obviously a reciprocal relationship between the psychoneurotic personality (character) structure and the source of the anxiety.

In reviewing basic aspects of the problem of anxiety, LEO RANGELL (226) focuses primarily on integrating the concept of anxiety into the theory of affects and into ego psychology. In *ON THE PSYCHOANALYTIC THEORY OF ANXIETY; A STATEMENT OF A UNITARY THEORY*, the author reviews the controversial theory postulating automatic and signal anxiety, "actual" and psychoneurotic. He feels that, while there is evidence for the existence of the "actual neurosis," it does not follow that there is also automatic anxiety. When the ego is overwhelmed, what takes place automatically is unpleasure; the presence of anxiety is always a psychically mediated reaction to danger. Anxiety, it follows, is perceived by the ego, and is responded to actively as a signal. The author also discusses the role of anxiety in the theory of affects, the source of the energy of the anxiety reaction, the place of anxiety in the theory of instincts, and the role of anxiety in the clinical situation.

Freud's theory of anxiety as either signal or discharge phenomenon is discussed briefly. Emphasis is given to the question of whether the danger feared is primarily internal or external, and to the ways in which the internally and externally perceived dangers are related to each other.

The author cites two areas of current controversy: The question of the "actual neurosis" and therefore of a dual theory of anxiety, and the situation in regard to anxiety in the earliest period of life.

In discussing the first question, Rangell reviews the work of Kris, Spierling, Simmel, and Schur, who deny that there is evidence for the automatic production of anxiety as a consequence of damming up of instinctual tension, or who deny the validity of postulating the existence of the clinical entity, anxiety neurosis. On the other side, he cites the views of Blau, who confirms the existence of Freud's "actual" anxiety neurosis, which he regards as a functional physiological disturbance, whose symptoms are equivalents of, or incomplete manifestations of, anxiety itself.

In discussing the second question, the author reviews Freud's idea that the trauma of birth is the prototype of later anxiety-producing situations. But Spitz has been unable to find signs of anxiety before the third or fourth month, that is, before the manifestation of true object rela-

tions Greenacre Kubie and Brenner also have expressed the view that the production of anxiety requires an ego which can anticipate danger which has psychic content. The basic question Rangell feels still remains whether anxiety does exist in the precursors of the ego.

The author feels that while actual neurosis does exist we do not need to postulate automatic anxiety therefore it is not necessary to retain a dual theory of anxiety. He proposes a unitary theory applicable to all demonstrable instances of anxiety reactions.

Where the ego is confronted unaware by stimuli from within or without which it cannot bind or discharge anxiety may occur. But what takes place *automatically* is *unpleasure* the presence of anxiety is always a reaction to danger. The danger is of the continuing or worsening of the helpless state in which the ego is threatened with overthrow or extinction. Rangell would amend the definitions of automatic and signal anxiety. There cannot be the affect of anxiety or of unpleasure without psychic content but anxiety occurs *automatically* in both the traumatic state and as a signal. When the ego perceives danger anxiety is inevitable and an automatic physiological accompaniment. The anxiety is then responded to actively as a signal it is not *produced* by the ego but rather suffered by the ego. The author feels that this theory resolves the famous *non liquet* statement of Freud.

Rangell next attempts to fit anxiety into recent developments in the psychoanalytic theory of affects. According to Rapaport's formulation affects result from the damming up of drive energy by the ego and the discharge of this energy into the interior of the organism. The gradual attainment of ego control with the establishment of the ability to delay is a necessary forerunner in the shift to anxiety as a signal. Thus anxiety like other affects becomes more modulated and controlled as ego control of stimuli increases while as the ego weakens or regresses and discharge becomes more explosive highspeed and diffuse anxiety as a signal degenerates with loss of effective action or defense.

Rangell states that the source of the energy of the anxiety reaction remains obscure as does the origin of the defense mechanisms of the ego. However evidence points to an innate pool of defensive affective energy in inherited precipitate of instinctual defenses against danger in lower animal forms. The energy source of the traumatic state of the state of diffuse uncontrolled unpleasure is he feels the massive instinctual discharge into the interior reverting to the original direct transformation idea. When this is accompanied by anxiety the ego's perception and judgment have been added.

Reviewing current thinking on anxiety in relation to the theory of instincts Rangell emphasizes the view that anxiety occurs as a reaction

to an increase in both libidinal and aggressive instincts when these bring an environmental danger which presents the ego with the probability of nongratification. Several recent theories link anxiety to self preservation and other instinctual forces. Rangell feels that these theories, which raise important questions about the structure of conflict, and to which he does not subscribe, are close to ideas mentioned above concerning 'the existence of inborn defenses the primitive and instinctive origins of the anxiety reaction, and the concept of the undifferentiated ego id matrix from which both ego and id functions derive'.

The last section of the paper deals with the role of anxiety in the clinical situation. Here, the optimum degree of anxiety is seen as a crucial determinant of therapeutic progress, and a guide to the initial selection of patients as well. The author believes that advances radially, inwardly, toward the pathogenic nucleus occur as a quantity of anxiety is exposed and overcome. The therapeutic task is to uncover and separate the elements, destratify, and proceed toward the pathogenic (infantile) nucleus, to establish logical syntactic connections, and to reassemble the contents in a more cohesive and structurally more compatible edifice, with elimination of course, of the neurotic components. Anxiety makes such a theoretically progressive direction possible.

The paper, *A DUALISTIC VIEWPOINT ON ANXIETY*, by JOACHIM FLEISCHER (88) reviews briefly the factors that led Freud to discard his original theory of anxiety and substitute for it a new one. The author also presents his own theory of anxiety because he finds Freud's second formulation inadequate.

Originally Freud believed that repressed libido was transformed into anxiety, but a number of well known considerations led him to conclude that it was anxiety that led to repression and defense. However, in his second formulation some of his original concepts were retained and Freud had to distinguish between automatic and signal anxiety. In the former, which is economically justified, anxiety is caused by an onslaught of stimuli which overwhelm the ego (traumatic situation) and for which the ego is not responsible. In signal anxiety, the ego anticipates the dangerous situation and prepares itself with anxiety in order to avoid the traumatic situation. The retention of the concept of the traumatic situation represents a continuation of the first hypothesis, which in essence is a toxicological one. Actual and traumatic neuroses are still governed by the mechanism of automatic anxiety and are due to the breakthrough of the stimulus barrier. In the second theory, the ego's participation is decisive. Its activity is defined as recognition, recall, and expectation of helplessness. The ego gives a signal of distress, and with

the aid of the pleasure principle succeeds in warding off the instinctual impulse libidinal or aggressive which brings about the danger situation.

Flescher then lists twelve reasons for questioning the adequacy of Freud's theoretical formulations and quotes some of the critical examinations of Freud's theories by Brenner, Schur, and Stern.

The author's theory is that the instinctual drives which are activated in a danger situation are always aggressive in nature whether they are discharged in attack or in flight. Anxiety appears as a substitute for aggressive action provoked by the danger situation. The degree of anxiety will be proportionate to the degree of the damming up of the aggressive drive from whatever source it may have arisen. Traumatic neuroses are due to the physical impossibility of discharge of aggression in a life endangering situation. The study of frustration has been the focal point of all of Flescher's investigations. It is his view that frustration is the leading dynamic factor that provokes the aggressive reaction and provides the energy for the anxiety phenomenon. It is the energy of the aggressive drive provoked by deprivation that is used by the ego for repression. When anxiety is manifest after repression it is a sign that deprivation still exists and that the original drives and the aggression provoked by their frustration are still trying to force their way into the motor sphere. Since the core of this hypothesis is based on the idea that instinctual drives are fusions of libidinal and aggressive forces, it is justifiable to call this theory a dualistic one. This theory also eliminates the need of questioning whether neuroses are due more to libidinal or aggressive drives. All frustration exposes the ego to the task of handling the situation with mounting aggressive energies stemming from its own structure, the id and later on from the superego.

Separation anxiety—According to the author, the belief that increased libidinal tension accounts for the child's separation anxiety still remains to be proved. He asks whether traces of aggression cannot be found at a stage of development before the appearance of anxiety. The startle reflex, crying, uncoordinated motor phenomena, oral, urethral, and anal discharges may all be manifestations of aggression rather than anxiety.

Castration anxiety is best explained as the consequence of an aggressive wish of the son to deprive the father of the very organ he envies and then wishes to destroy magically. This attack may then be regressively expressed in oral or anal terms.

Superego anxiety—According to the views expressed by the author, if the superego is the intrapsychic representative of reality, all of the child's aggressive drives against external reality (the parents) must again appear as the intrastructural aggressive conflict between ego and super

ego Superego anxiety will therefore reveal its nature in that it can be viewed as an intrapsychic representation of the wish to kill the parent and the fear of retaliation. In support of his thesis the author finally quotes in a footnote an observation made by Freud in *Civilization and Its Discontents*:

In the latest analytical literature a predilection has been shown for the view that any kind of privation any thwarted instinctual gratification results in a heightening of the sense of guilt, or may do so. I believe one obtains a great simplification of theory if one regards this as valid only for the aggressive instincts and that little will be found to contradict this assumption. How then is it to be explained dynamically and economically that a heightening of the sense of guilt should appear in place of an unfulfilled erotic desire? This can surely only happen in a roundabout way: the thwarting of the erotic gratification provokes an access of aggressiveness against the person who interfered with the gratification, and then this tendency to aggression in its turn has to be suppressed. So then it is after all only the aggression which is changed into guilt, by being suppressed and made over to the superego. I am convinced that very many processes will admit of much simpler and clearer explanation if we restrict the findings of psychoanalysis in respect of the origin of the sense of guilt to the aggressive instinct.

TOWARD A STRUCTURAL CONCEPT OF ANXIETY, by DONALD MELTZER (189) conceives of anxiety as an apparatus available to the ego with the ego defined as referring to all central nervous system processes regulating interaction between organism and environment. This view is a synthesis of concepts derived from Norbert Wiener, Kurt Lewin, Harry Stack Sullivan, Sigmund Freud, Erik Erikson, Melanie Klein, Paul Schilder, and Susan Isaacs.

Ego operations that segment time into past, present, and future are memory, perception, and prospective fantasy or prediction: the anxiety apparatus is close to the last. Separate from the ego, it is mechanical and free from involvement in the conflicts that confront the ego. It is considered to arise at the end of the first month of life when the infant is able to experience the rhythmic interplay of his tensions and appearing-disappearing objects. The earliest objects and the prototypes of all later ones are the breast and feces. At this time there appears the primordial distinction between libido and aggression. When the concepts of good and bad appear, they are applied to the object so that in this formulation the first form of anxiety is object or objective anxiety. In the severe form it carries the implication of a persecutory origin. The instinctual or internal form of anxiety begins at four months of age. By this time the object is fused, i.e., the concept of mother takes on the meanings

originally attributed to breast and feces. But because introjection and projection antedated this, the success of the fusion depends on the frequency and intensity of the anxiety, persecutory and depressive that preceded this. The existence of nonfused objects later in life is considered an impediment of maturation rather than a specific defense against anxiety. The anxiety apparatus is a specific tool of the ego for testing and validating its predictions. Anxiety fantasies are of course extensions of current tensions to eternity until new predictions are formulated. Affects of varying shades of intensity, ranging from uncertainty through terror, guilt, shame, and remorse, accompany the fantasies. The anxiety fantasies and the affects accompanying them do not frighten the ego but express the position of distress and helplessness. In other words, configuration of anxiety fantasy is a result, not a cause of poor ego processes. Physiologically a certain degree of tolerance to anxiety is necessary, but at moments of fatigue or noxious stimuli the ego may fail and turn against the anxiety as a cause of the difficulty rather than use it as a result of the difficulty. Setting off the anxiety apparatus from time to time is a healthy phenomenon. Warding it off, never to experience it again, is pathological. The anxiety apparatus is a vital tool in the hands of the ego for achievement of learning and accomplishment of maturation. The apparatus is principally used for predictive validation of tentative hypotheses concerning the origins of deprivations and frustrations. The ego's task in maturation is to develop an accurate knowledge of both the internal and external worlds over whose interaction it must preside. From such knowledge it must crystallize the broad strategy in finer tactics through which this interaction may be regulated. In the accomplishment of this monumental task the ego goes through a sequence of developmental stages, in each of which it characteristically prefers a given theory of the origin of its difficulty. In each stage there is a body zone of most intense interpersonal involvement as well as favorite interactional strategems or modes. These three processes form the superstructure of character. The various elements of this structure which are unsuccessful or obnoxious to others have become called character symptoms and they are derived from repetitive transactional experiences in which there has been success in adaptation. They are not a defense against anxiety but evidence of immaturity stemming from the delusion of mastery of the parents which forms an important part of the infant's megalomania and which has not been replaced by a feeling of self-mastery during the maturation process.

The various instances where the ego acts as if the anxiety were the source of difficulty have been called the mechanisms of defense, diseases or symptoms. Using the concept of feedback mechanism, it can be shown

that, by omitting or distorting of its functions, the ego will react toward objective anxiety with symptoms, so-called symptomatic mechanisms in the case of instinctual or internal anxieties, and rare objective anxieties with disease maneuvers. If the ego is said to feed its predictions to the apparatus at an instance, (1) the ego at that instance (a) constructs current percepts of the life space (internal world—body image—external world) (b) associates this with memories with related configuration, (c) formulates prospective fantasy or prediction with necessary adaptive plan of instant, (2) the anxiety apparatus picks up (c). Then in the intervening time the ego carries out an adaptive plan from (c) which is aimed at bringing about the predicted configuration. The anxiety apparatus monitors the continual perceptual processes of the ego, awaiting arrival of instant (B) where the anxiety apparatus signals arrival of instant (B) and validity of the prediction. At instant (B) the ego (1) recalls life space percept of instant (A) the prediction and the adaptive plan (2) recalls relevant aspects of intervening time, (3) reconstructs percept of instant (B) with focus and emphasis germane to the prediction.

The ego, by some sabotage, may omit or distort its own functions so that the anxiety apparatus does not operate. Objective anxieties are dealt with by psychogenic symptoms. Instinctual anxieties and, rarely, severe objective anxieties are dealt with by disease maneuvers. Disease maneuvers are (1) the psychotic maneuver, which is a defense against anxiety resulting from a distortion of the current life space percept, a contamination of the perceptual process by psychotic transference phenomena (2) The psychoneurotic maneuver is a distortion of the process of association. The ego screens out association, including memory. This is believed to be started by an omission of certain organs from the body image (3) The psychopathic maneuver makes the object relations within the particular life space area futureless.

Shutting off of the anxiety apparatus is signaling, called 'symptomatic mechanism'. If one looks at instant (B) above, one sees that it has three essential ego processes: the shutting off of (1) is the mechanism of denial, the shutting off of (2) is dissociation which is the only true defense against anxiety, and the shutting off of (3) is negation. Reaction formation, regression, undoing, turning against the self are considered character stratagems or tactics under this system. To call every ego operation which is either unsuccessful or unrealistic a defense against anxiety is to lose sight of the issue. Avoidance of anxiety is not the great motive of life nor the impetus to maturation. It is an error to mistake a dynamism for a motive, a tool for a goal.

A structural concept of anxiety has been formulated and some of the dynamic and genetic implications for personality have been drawn

While apparently contradictory it is felt that most of them are basically in keeping with the concepts of the science of psychoanalysis

In *THE PRINCIPLE OF SECURITY* FERNAND LECHAT (164) describes the pervasive influence of insecurity throughout human life stating that the search for security constitutes the principal activity of human beings. In this sense the need for security lies at a root of man's adaptations his mental health and illness. Insecurity is discussed from the standpoint of its social interpersonal and somatic aspects as well as its relationship to anxiety with which the author believes it is often confused. He differentiates the two on the basis that insecurity is an alerting signal and that anxiety appears only when the person feels powerless to invoke defensive measures against a threat. He compares his theory of the role of insecurity with the concepts of Freud, Melanie Klein and other writers.

There is normal and pathological insecurity. A normal feeling of insecurity arises from external sources either where there is real danger or where an unknown situation is encountered. The danger of the object need not have been experienced as such; it may be instinctively felt as menacing from its first approach as in the inherited fear of a young bird of prey. The newborn child cannot withdraw from, modify or adapt to a situation. The only solution toward security is the adaptation of the environment to the child. To derive security from the environment is normal for the child but neurotic in the case of an adult. With the healthy person the factors provoking insecurity are exterior to himself and the means of achieving security come from his own resources. With the neurotic the causes of insecurity are within himself and he seeks relief in the external world. The normal feeling of insecurity belongs to the somatic instinct while neurotic insecurity can be grouped with the instinct of object relations. Relating the feeling of insecurity to the inner instinctual and the acquired or conditioned tendencies the author states that insecurity functions as an alerting signal in the presence of everything which is not in conformity with the demands of instinct including those acquired tendencies which have become second nature.

Insecurity and Anxiety—The author criticizes the frequent distinction made between anxiety and fear on the grounds that anxiety is fear without an object. There is always an object even though the dangerous intention ascribed to the object is imaginary. Insecurity is a warning of danger; anxiety (*angoisse*) a feeling of helplessness to adopt a line of conduct adequate to the situation. Some authors have stated that insecurity and anxiety are different degrees of the same feeling but Lechat believes that there is a qualitative difference between them. He describes

insecurity as a psychic phenomenon, and anxiety as a psychosomatic phenomenon which is accompanied by the pouring out into the organism of endocrine secretions, stimuli which the subject is unable to channel toward appropriate ends. On this basis, it is understandable that the maximum anxiety is found in the newborn child, who is in a state of normal helplessness and does not realize the possibility of obtaining help from the environment. Anxiety is also characteristic of childhood because of the inherent helplessness. In later life, the onset of acute anxiety leads to regression to childhood.

Genesis of Neurotic Insecurity—The author develops further his view of somatic and relational aspects of anxiety, the former belonging to the preobject relation phase of instinctual activity, and the latter to the next phase of life in which relationships with others play the predominant role. In clinical practice anxiety combines these two types which are, in fact, genetically related, since the earliest conflicts arise from a failure to satisfy bodily needs in relation to the environment. Neurotic insecurity is specifically related to the dependence of the child upon his educators, who restrain his instinctual expression and substitute a system of ethics which is often illogical and inconsistent. The child retains from the educators the notion that pleasure is to be punished; pleasure may then generate insecurity, making for additional opposition to instinctual behavior.

Dependency—Insecurity is the type of feeling that accompanies the rupture or threat of rupture with a person, real, internalized, or reprojected on whom the individual is dependent. This insecurity is real in early childhood in relation to the mother, who is introjected and later reprojected onto other real or imaginary persons. The persistence of an infantile need for another person is of the essence of neurotic insecurity and does indeed pervade the whole field of psychopathology. The need for the other person means renouncing one's freedom of action, and the conflict between the need for dependence and the desire for escape becomes more intense as the relationship continues. In other instances, the dependency may be generated by fear of a tyrannical person with a constant fear of displeasing him, a need to anticipate his wishes, and a simultaneous deep hatred of him. Most commonly, situations of pathological dependency involve both need and fear.

The Role of the Good and Bad Mother—The mother is seen as the most important agent in establishing the security of the infant and consequently, of the adult. The author considers the role of the father as secondary; even the best father will not be able to counteract a dangerous mother. The author describes two types of bad mother, the overprotective and abandoning types. The overprotective type causes the

child to seek external protection and renders immobile the inherent methods of self protection the child's initiative is replaced by the initiative of the parent with consequent lack of physical and psychic development. The abandoning type of mother causes the child to be fearful of relations with others. This type of mother requires as a condition of continuing relationship with her that the child withdraw from others. Various degrees and combinations of the overprotective and abandoning mothers exist. In response to the threat of abandonment two types of object tend to be sought. Since simple love is impossible the child learns (1) to spread his attachments over many relationships because he cannot be sure of any of them or (2) to direct his interest toward impersonal objects. In contrast to the distinctive qualities of the abandoning and overprotective mothers the author describes the good mother as a person who is able to break the tie and help the child find an autonomous way of life. This is an ideal picture in actuality a mother has always favorable and unfavorable qualities. The predominance of good or bad images in the mind of the child is decisive for its future security.

Consequences of Insecurity—Insecurity leads to the formation of a protective system which may be characterized as the sum of information that has been acquired as to modes of conduct that will preserve security. This formulation corresponds to the Freudian views of instinct and superego. Instinct according to the author is a hereditary accumulation of innate characteristics a sort of primitive superego which in the natural order of things insures the best preservation of the individual and the species. According to this theory the instinctual life has given all that is necessary for survival.

Superego—The superego is formed in infancy when the psychic life of the child is guided by fantasy in this sense the superego must be regarded as a collection of fantastic and sometimes discordant images which the child formed from its earliest objects of which his mother was the center. Consequently psychic rather than objective reality plays the dominant role. Lechat disagrees with Melanie Klein who believes that good objects are introjected and bad objects rejected. He suggests that the objects are both introjected the good objects being integrated into the ego and the bad ones into the superego. However he accepts the views of Klein that the superego is not formed by the oedipus complex but is already functioning when the oedipal stage is reached. While the dictates of the superego predispose the individual toward revolt early needs for security with the mother have rendered revolt and subsequent autonomy impossible. The individual is therefore placed in a conflict of imperatives from (1) the antagonism of instinct and superego (2) the

need to reject restraints of the superego (3) the need to submit to the superego

Guilt—The author criticizes the idea that guilt is the nucleus of all pathological disturbances of affect. The regressive behavior of the neurotic cannot be considered as based on concepts of good and evil but derives from a period prior to the development of these. What moral sense the infant develops is a direct result of its fear and need of the mother.

Genetic Aspects of Insecurity—Each state of libidinal development may evoke a feeling of insecurity since each is accompanied by an upsurge of aggression. The infant is rendered insecure by weaning which induces on the instinctual and somatic side, a loss of nourishment and on the emotional side if object relations have by this time been established an abandonment. The most serious conflicts with the educators occur at the anal stage since mothers so often expect the child to manage his sphincters before he has achieved the necessary physiological organization. Here because of the helpless lack of understanding of the child we have a significant source of anxiety. In families where the penis is not tolerated the boy may find it necessary to act as though castrated. Shame, passivity, impotence may be manifest or a denial of castration by exhibitionism or some perversion may occur. The oedipus complex is a double cause of insecurity because of the accompanying sexual and aggressive wishes which are even more difficult to resolve when serious preoedipal problems have existed. The individual may attempt the compromise of desexualizing himself or the object or carrying over his sexual feelings to the parent of the same sex.

Means of Effecting Security—Two major attempts to maintain security are evolved: (1) the formation of character traits and (2) neurotic behavior. Character traits are defined as habits learned in order to meet situations in which there is a threat of insecurity and especially to avoid the reappearance of insecurities previously experienced. The problem of neurosis is concerned with an insecurity resulting from antagonisms between ego, id, and superego. Neurosis and symptoms are not psychic maladies but attempts to escape from anxiety which is the sole malady. All neurotic symptoms can be explained on the basis of a feeling of insecurity against which the person cannot react effectively and which therefore tends to transform itself into anxiety.

Additional Means of Defense—The author adds to the classical descriptions certain additional mechanisms of defense related to the bad mother concept: (1) Compromise with the bad internalized mother. This is an attitude taken toward the internalized and reprojected mother who must then be seduced and tamed. If the seduction is successful the

image of the bad mother is more firmly fixed (2) Projection and rejection of the bad mother (3) Turning hostile attitudes of the internalized mother onto the world (4) Inhibition of feeling (5) Masochism In a masochistic defense there is an economy of suffering because when the individual punishes himself he determines the amount of punishment (6) Acceptance of passivity is reassuring in relationship to a severe authority if the subject believes himself to be loved by the person who dominates him (7) Affective immobility (8) Activity For some inactivity provokes anxiety Activity helps to discharge tension and prevents anxiety and in this sense is similar to acting out (9) Exclusion of happiness and success (10) Formation of a neurotic couple (11) Self protective narcissism This helps to bring about a feeling of security in people who feel unloved and unprotected by their mothers (12) The search for insecurity Certain individuals cultivate an attitude of uncertainty living in a state of sharp vigilance lest they be overwhelmed by an inner unknown danger

Conclusions—Lechat states that his prime objective has been to distinguish normal from neurotic insecurity and normal from neurotic anxiety Insecurity both normal and neurotic determines behavior in the presence of danger Under the influence of insecurity one defends oneself in states of anxiety one defends oneself only against the anxiety When the security system fails anxiety appears Anxiety carries with it the feeling of loss of the self mental or physical Anxiety may change to insecurity in instances where the individual is overwhelmed by danger before perceiving its origin and importance The main function of the ego in the author's view is that of adapting to reality while maintaining security He believes that the study of normal neurotic and psychotic behavior benefits when it is centered on the principle of security and the reactions evoked to preserve it In an Appendix several additional points are discussed

Instinct—The author acknowledges only one instinct that of preservation which includes the preservation of the individual and of the species Other instincts which have been defined are described as instinctual activities manifestations of the instinct of preservation The death instinct fits into the author's concept since it is in the interest of preservation of the species that an old and useless person should be pushed aside The instinct of death which is in the service of the preservation of the species is slowly and progressively replaced by the life instinct or preservation of the individual In the author's view insecurity is the cause of instinct and the end of instinct is to achieve security

Liberty and Security—The operation of instinct requires optimum liberty A person lacking liberty becomes incapable of life and self

defense and if required to assume some responsibility, experiences anxiety in the face of his own helplessness. Liberty involves insecurity because it involves directing aggression against parent obstacles.

Original Sin—The author describes the mother as a Jehovah who opposes the growing up of the child as a manifestation of original sinfulness which must be resisted for as long as possible. The child is placed between two imperatives which urge him to grow up quickly but not to the level of equality with the parents.

Claustrophobia—In claustrophobia and agoraphobia, the wish of the subject is to stay within the zone of security of the mother or her substitute.

Strong and Weak Ego—A strong ego is defined as one which makes use of both id and superego in proper dosage, knowing when to say to one or the other, "It is your turn to speak." It introduces into duty enough pleasure to make it agreeable and into pleasure enough of duty so that it will not become unbridled. The strong ego is fearful only of real dangers in the external world, having the ability to master them so far as is humanly possible. There are three types of weak ego: (1) that which lives according to the pleasure principle, demanding immediate satisfaction of its desire, in this case, the inhibiting system is in default, although the imperiousness of the person may give a false appearance of strength; (2) that which is dominated by the superego and is unable to give itself pleasure, it fails to grasp reality which is conceived of too rigidly, the person is inhibited but often stubborn and inflexible; (3) the 'cork on the water,' who is always influenced by the external world, goes wherever he is pushed, leaving the responsibility for his behavior to others or to 'destiny.'

According to GERT HEILBRUNN (128), phylogenetic and human ancestral reflections in conjunction with analytic data point to the ever existing threat of passive cannibalistic incorporation as THE BASIC FEAR. In defensive need, its cathexis is shifted to the castration complex, which assumes the character of exuvial sacrifice.

The author uses Freud's contention—"the most basic anxiety of all, the 'primal anxiety' of birth, arises in connection with separation from the mother—as the starting point for further investigation of the underlying cause of anxiety. Freud assumed that the mother had ceased to function as the absolute protector against the "large amounts of excitation and the novel sensations of unpleasure." Heilbrunn suggests that the anxiety might actually be aroused by a covert, powerful threat which is ordinarily dormant within the organism but easily activated by rela-

tively innocuous external and internal stimuli this basic threat is the inherited fear of passive, cannibalistic incorporation.

Most, if not all animals experience anxiety. Since the activities of all animals center chiefly around the acquisition of food and since all animals serve as a potential food supply to others it seems reasonable to speculate that their anxiety stems from the dread of annihilation by being eaten. There is an impressive literature on cannibalism in the animal kingdom from amoeba through fish and reptiles to birds and mammals, including habitual litter eaters among many rodents.

In man, the occurrence of cannibalism and its correlates—infanticide, human sacrifice, and certain rituals of relatively recent and even current date—refute Freud's contention that cannibalism is the only criminal instinct which we have lived down in the last few thousand years. In fact, the hope of eliminating cannibalism from our fantasy life is a faint glimmer at the best. The conscious and unconscious manifestations of man's cannibalistic impulses as well as the desperate methods to escape the very dread which he spreads to his kind are veritably legion. Pure cannibalism is today largely a matter of the historical past when human flesh was eaten as a desirable food or under the compulsion of famine. Later, a variety of rationalizations were proposed to carry on this practice either directly or through symbolic rituals. Only occasionally do we get a fairly direct glimpse of the ancient savage, cannibalistic custom as in the orthodox Jewish ritual of sucking the blood from the circumcisional wound.

True, our cannibalistic drive has today been confined to the socially accepted appetite for animal flesh but devouring terms are still widely employed in phrases of endearment and aggression and myths, legends and fairy tales are replete with stories representing the terror of being devoured. We see a repetition of this fairy tale making in infantile phobias and nightmares. The well-known dream of the Wolf Man concluded with his terror at the idea of being eaten by the white wolves. The author further suggests that behind the castration motif of many typical anxiety dreams we should be able to detect the basic fear of passive oral destruction. The preoccupations with loss of the penis, the breast and love of mother can be a defensive maneuver through displacement. In cannibalistic terms it is a sacrificial offering of a part for the whole. Heilbrunn states that the narcissistic cathexis of the phallus rivals that of the body because it has become the main object of barter. The readiness with which many patients dwell on the subject of castration and the phenomenon of the castration wish can thus be seen under the perspective of defensive resistance against the dreaded realization of the truly basic terror. Fenichel stated that the dread of being

eaten is in practice indissolubly connected with the idea of being castrated

One patient brought the cannibalistic component immediately to the surface when he voiced explicitly his fear of being eaten by anyone who was stronger and his ruthless impulse to eat or kill anyone who was weaker than he. Sexual intercourse imparted to him the fear and actual sensation of being eaten. The patient commented with feeling clarity 'I eat in order not to be eaten. I always drink water after sexual intercourse.' Extraordinary circumstances in his formative years had caused a severe pregenital fixation which, according to Fenichel, would probably classify him as one of the pathological cases with special oral sadistic fixations. Cases of bulimia or at least other strong oral compulsions belong to this category. The fear of being eaten most often, though not exclusively, originates with the mother.

The British School places a great deal of emphasis on the child's cannibalistic projections. However, since projection requires a degree of ego development which can be obtained only through environmental experience, it is questionable whether very early manifestations of anxiety can be defined in terms of the ego or of projection. It seems more plausible to regard them as innate and inherited fear reactions.

M. WOLF (295), in *ON CASTRATION ANXIETY*, reviews the subject, emphasizing two points: (1) castration anxiety is genetically a transmutation of separation anxiety with the structure of a phobia, a concept which throws light on many patients' reactions to separation in later life, (2) in neurotic women, castration anxiety based on loss or destruction of a fantasied penis, is often a dominant motif and explains many of the clinical features which are encountered.

It has been suggested that forerunners of the castration complex can be found in separation from the breast and later "separation" from feces. Freud, however, reserved the term "castration complex" to denote anxiety in relation to the loss of the genital organ only.

Castration anxiety may be at the root of fear of hair or nail cutting in children and anxiety related to operative procedures. When these fears are reactivated in analysis they are often accompanied by feelings of dejection and utter helplessness which resemble the emotions in the child who had been left by his mother in the hands of strangers. The common feature of these cases is the fear of separation from the love object, and in *Inhibitions, Symptoms, and Anxiety*, Freud refers to castration anxiety as "separation anxiety."

But how does separation anxiety change into castration anxiety? In the phallic phase, at the height of the patient's castration anxiety, the

clinical picture is often marked by evidences of anxiety phobias depression irritability and aggressive outbursts which are characteristic of earlier phases of development. Fundamentally these are separation anxiety. Under the pressure of inner and outer circumstances the child has to give up his love object. Fear of loss of love or separation anxiety are thus primary forces in repressing erotic impulses toward the mother. It further seems self evident to the child that continuing masturbatory activities will result in punishment for these impulses directed against the penis (the offending organ). Under these circumstances the merest hint or the discovery of the penisless woman is enough to arouse castration anxiety. In this way fear of separation from the mother can change into castration anxiety—even in those cases in which castration has not been threatened. Castration anxiety is therefore separation anxiety transferred onto the penis consequently it looks like a neurotic symptom with the structure of a phobia in that it involves the shift of a fear onto a new content. Whether or not a neurosis develops depends on whether the primary separation anxiety has been successfully overcome—or to put it differently whether the dissolution of the oedipus complex has taken place. Otherwise separation from a love object in later years will be a constant source of castration anxiety.

Castration anxiety in women is a much more complicated problem. According to Freud the little girl finds her enjoyment of phallic sexuality spoiled by the influence of penis envy. She therefore gives up the masturbatory satisfaction which she obtained from the clitoris repudiates her love toward her mother and at the same time often represses her sexual impulses to a considerable extent. Freud excludes anxiety in this connection saying: "For though we can with certainty establish in women the presence of a castration complex we can hardly speak with propriety of castration anxiety where castration has already taken place." According to Woolf's experience however castration anxiety can be observed in small girls even in preoedipal phases. Having discovered their lack of a penis they believe themselves to have been castrated and react with severe anxiety. The following example is cited to show the transformation of separation anxiety into castration anxiety.

Four some months a two-year old child would not let her mother leave her at bedtime when she would cry hysterically for hours. She was afraid of dogs and the cries of other animals. One night she ran into her parents room and refused to return to hers. When she fell asleep and her mother tried to take her back the girl would wake trembling and crying. The dog has bitten off my wee wee. This worry about the genital began when she was one year and eleven months old (four months previously). The child had developed a castration phobia.

Normally, the girl turns away from her mother, whom she blames for her castration, penis envy emerges and finally she turns to her father when she substitutes the wish for a child from him for the wish for a penis. Various disturbances may impede this development. The following dream of a severe obsessional neurotic woman is illustrative:

I am walking down the street. In one hand I am carrying a beautiful new handbag, in the other a parcel of dirty washing which I am taking to the laundry. Suddenly I realize that I have lost everything. In complete despair, I search for my things until I eventually find them. The bag has been completely squashed into little folds but is undamaged. I am afraid that there might have been some secrets in the bag which are now known to all and sundry.

Associations: "The bag was round and reminds me of the testicles." The loss of the bag means castration—she has an image of a horrid, open, and bleeding wound. "All my life I have had this fear of the terrible and dangerous wound down below, and even now I am not quite free of it." She does find her bag, but it is "squashed into tiny folds or wrinkles." She has held the infantile belief that her testicles had been squashed and were in fact the "folds" she now had (the labia). The fear that her secrets might be detected is the fear of discovery of her masturbation, which she felt had damaged her. The slightest genital secretion caused her anxiety—hence the "dirty washing" which she takes to the laundry. She was frigid, afraid of "emissions" and of the penis which "might damage or tear something down there." This belief had the structure of a phobia—a castration phobia.

There are many clinical phenomena which are at least partially derived from castration anxiety, e.g., menstrual anxiety and disorders, fear of defecation, fears of pregnancy and childbirth, fantasies of rape (when associated with masochistic tendencies), and constipation and bladder disorders (by displacement).

In *THE IMAGE OF THE HEART AND THE SYNERGIC PRINCIPLE IN PSYCHOANALYSIS (PSYCHOSYNERGY)*, DANIEL E. SCHNEIDER (248) repeats his idea that there is a sonic image of the heart variously symbolized in consciousness. Anxiety is a complex manifestation of disturbed synergy between the image of the heart and the ego in general, most notably in *dismemberment terror*. *Paroxysmal tachycardia* is a specific result of such a threat, and early coronary attack is the end result of a severely split identification early in life.

The principle of synergy is the working together in the human mind and psychosomatically of all the components of survival. This

demands a new view of the heart as a psychic as well as a somatic organ. It also requires a concept of a directional or cybernetic function in psychic life so that stress will be avoided by a mobilization of forces without division of aim and value conflicts. In this article as in previous publications evidence is gathered to the effect that there is a sonic image of the heart in consciousness variously symbolized as a clock bird hourglass flask baby locomotive sewing machine etc depending upon the particular function of the elaborated and condensed symbol. The heart beat (and pulse) can be both heard and felt and indirectly sensed through the heaviness of anxious breathing. The physiologic theories of coronary disease are all conflicting and each new theory cancels out the previous one admitting the effect of sudden and unaccustomed physical exertion and the effects of drugs such as nicotine and alcohol (Premature coronary attacks from thirty to forty five years of age occur in men of all types of body build variations of weight and cholesterol levels).

Particularly intense symbolization of the heart can be seen in literature e.g. the work of Edgar Allan Poe and in the night terrors of childhood to which Poe was particularly subject. The psychoanalyses of cases of paroxysmal tachycardia particularly the auricular variety but also the ventricular type all show a curious identification with mother in which the heart is baby. Especially is this true in men in women it occurs with sudden rape and dismemberment terror and in this context it seems to recapitulate regressively the changes of birth. In paroxysmal tachycardia it is as though the heart returns to its fetal level abruptly. In general it appears that the effect of longstanding terror usually deeply repressed has been underestimated in its potential effect upon the heart. Thus coronary artery dissection on 300 U.S. soldiers killed in action in Korea in a group of average age of 22.1 years showed some gross evidence of coronary disease in 77.3 per cent of the cases varying from fibrous thickening to complete occlusion of one or more of the main branches.

A study of cases of coronary disease in analysis showed that these personalities give evidence of a most severe though masked continuous onslaught against the child and the image of the heart from six years of age onward. These men including analysts have certain characteristic traits betraying an emphasis upon realism and superpaternalism which goes together with an addiction to work by which they attempt to override certain deeply repressed terrors of castration and dismemberment. Physicians in general are prone to refuse analysis or even further analysis (if already analyzed) when an acute attack or the first signs of one have occurred. They are ridden by ambition they must never be

accused of anything there is never time enough for their multifarious projects which demand division of aim and severe conflict. This stems from a deep split in their identifications—a split which 'heals' but which nevertheless, like a scar, continues to irritate. They do not have time for one lifetime because they are generally living two or more different lives and must control all of these identities by enormous overcompensating effort. They thus show 'controlled tension,' 'common sense,' a generalizing propensity, and frequently a deceptive "sweetness of nature" beneath which there simmers indescribable rage. The coronary personality is not often a truly creative person even if he is publicly known as an 'artist' (Premature heart attacks in artists occur in those who believe themselves clever enough or strong enough to make up by sheer effort what they lack in talent).

The problem of heart attack is thus inextricably bound up with the question of integrity of identification and with the synergy of all psychic forces in a unified direction. These are important factors mediating survival and longevity.

D Developmental Studies

This section contains the following contributions: a paper postulating a general principle underlying the development of individuality, one on the metapsychology of somatization which traces development from primary physiological states to those of a psychological order, studies in the origins of perception and of time perception and in the vicissitudes of patterns of motility, in the development of fear and anxiety, the body image, early object relations, the process of learning, and a specific form of disturbance in the latter function.

To try to explain all human problems on the basis of primitive sexual and egotistic drives is an oversimplification. There also appears to be an innate tendency toward a progressive and fuller development, says H. E. EISLER (71) in *THE DEVELOPMENT OF THE INDIVIDUAL*. One sees this best in the strivings for individuality, which oppose those innate tendencies (herd instincts) leading in the direction of obliteration of individual reactions. It is out of this opposition that man's greatest conflicts arise. His greatest fears (e.g., of death), disturbances, and dissatisfactions arise from 'a deep sense of his failure to fulfill himself adequately as an individual and to develop his inherent capacities to their fullest.'

There is in each individual an amount of libido in excess of that necessary for purposes of adaptation. This is ordinarily used in fantasy formation and, depending on quantitative factors and the degree to which it is under the control of the personality, gives rise to progressive

and creative results or to regressive ones. It is this libido which is also involved in neurosis formation when self-direction has not been achieved. The aim of this libido is not the simple gratification of sexual desires but the higher purpose of a creative process.

Man differs from other animals mainly in that his sexual life is free of the periodicity and limitation to reproductive purposes of the sexual act. This change is seen as an actual evolutionary transcendence of the collective power of nature and has rendered possible the use of sexual libido for nonbiologic forms of creation. It certainly accounts for the many forms of the unique culture man has created. On the other hand it seems likely that in order to save himself from the danger of succumbing to the domination of his sexual desires man has developed not only reactions of shame and loathing (Freud) but also the moral reactions culminating in the Puritan excesses of our epoch. These are the important factors in the great sexual conflicts in human beings. Woman is much closer to the collective aspect of life. Her role as bearer and creator of the race leaves little libido for nonbiological forms of creation which has been the province of man, the natural individualist.

Freud considers the original aim of sexual gratification the essential motive in the unconscious which comes into conflict with cultural development. The latter he said gives rise to repression and subsequent sublimation or neurosis. This is not a complete explanation as it leaves out a very real inner urge toward a greater development (the prospective aim of Maeder and Jung) and a more evolved personality which is independent of frustrated sexual aims. Neurotic symptoms are products of this creative urge which has failed in its goal. This failure causes the neurotic's unhappiness. It is however also the neurotic in whom the greatest possibilities for a higher evolution and creativity exist due to his greater self-consciousness (and hence sense of guilt) which is so prominent a part of the clinical picture. Freud relates this sense of guilt to the primal crime (parricide) but it is much more likely due to the developing self-consciousness and awareness of one's own ambivalence.

The oedipus complex which Freud postulates as the nuclear complex of every neurosis is the supreme symbol of the human struggle for power and for ego satisfaction in its earliest form. The desire and striving of the boy for the mother is seen as symbolic of the aspiring and evolving ego of man rather than as the concrete incest wish (Freud) or a longing for rebirth (Jung). Analytic work shows that the representations of sexual activities and desires are themselves used as symbols by the mind to indicate the new goal—the creative urge toward fulfillment of a necessary psychic development and attainment which all physical gratification cannot satisfy. Freud sees only the necessity of

accused of anything, there is never time enough for their multifarious projects, which demand division of aim and severe conflict. This stems from a deep split in their identifications—a split which "heals" but which nevertheless, like a scar, continues to irritate. They do not have time for one lifetime because they are generally living two or more different lives and must control all of these identities by enormous overcompensating effort. They thus show "controlled tension," "common sense," a "generalizing propensity," and frequently a deceptive "sweetness of nature" beneath which there simmers indescribable rage. The coronary personality is not often a truly creative person even if he is publicly known as an artist. (Premature heart attacks in artists occur in those who believe themselves clever enough or strong enough to make up by sheer effort what they lack in talent.)

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libido being released from infantile manifestations and wishes into some form of reality adaptation, eventually doing away with all forms of art and creative expression. This implies doing away with imagination, an impossible outcome, as most people would rather suffer conflict and anguish than be robbed of their creative capacity. It is clear that sexual symbolism has a root other than the primal sexual one, and the full release of the individual's potential will occur only when this is also interpreted.

Stemming from his experience with analyses of skin disorders (of which he presents a 'sample case'), MAX SCHLR (249) in *COMMENTS ON THE METAPSYCHOLOGY OF SOMATIZATION*, advances the hypothesis that psychosomatic disorders are linked to anxiety and ego regression (i.e., the failure of the capacity to neutralize libidinal and aggressive energies and the prevalence of primary process thinking). He compares such 'resomatization' with conversion and schizophrenic reactions, examines the problem of specificity of organ choice, and concludes with a discussion of technical aspects of treatment.

The author presents a 'sample case' as the starting point for his theoretical discussion, which he begins with a consideration of the patient's skin phenomena: (1) itching, (2) scratching, (3) eruptions of new lesions, (4) secondary elaboration of the skin lesions.

Itching is experienced as a concomitant or equivalent of a variety of affects. The author first turns to anxiety, an affective ego response to danger (present or anticipated) and subject to regressive phenomena.

In the infant, precursors of the anxiety reactions show a tendency to diffuse discharge and a lack of coordination in motor response. Maturation of the motor and mental apparatus and of their interdependence, stabilization of homeostasis and the emergence of secondary thought processes proceed as an essential aspect of ego formation. Integrated automatization of motor patterns and replacement of action by thought are accompanied by a progressive reduction of vegetative discharge phenomena and an increase in the ego's ability to neutralize energy and use such neutralized energy in its responses.

The author assumes the interdependence of the ego's faculty to use secondary processes and to neutralize energy, and the desomatization of responses; correspondingly he relates resomatization of responses to the prevalence of primary process thinking and the use of deneutralized energy. Thus, in the response of the normal ego to the anticipation of external danger, somatic discharge phenomena are at a minimum. Again, employing reality testing (including the testing of superego re-

actions) the ego evaluates conscious instinctual demands and responds with neutralized energy when they constitute a potential danger

However when the ego is confronted with an upsurge of unconscious incestuous demands it loses its ability to test reality and to differentiate past and present and reverts to primary process operation. There are of course situations in which the ego is confronted not by a potential danger but by a present one and fright is experienced here too the ego utilizes nonneutralized (probably aggressive) energy and a somatic discharge occurs. If the situation becomes traumatic the ego can reach a state of panic and the somatic phenomena tend toward a state of shock. The ego may then also operate with nonneutralized libido and even orgasm may occur. Thus ego function may deviate from the normal in the direction of neurotic response by regressive evaluation of danger, and by regressive reaction itself.

The hungry infant missing the breast may react to the potential danger of absence of the mother as if it represented actual danger or even a traumatic situation. In the neurotic evaluation of danger one can also see the reemergence of infantile types of diffuse discharge phenomena the long and painful path of maturation may be reversed in an instant. The author speaks of the resultant resomatization as *physiological regression*. If neutralization follows the model of homeostatic regulations then one may expect in children with innate or early acquired abnormalities of homeostatic mechanisms inhibition of the development of the ego function of neutralization. But such loss of ego function alone will not always result in physiological regression. Innate and environmental factors the predisposition to regressive types of anxiety and the choice of the reacting organ system are all involved.

In most constellations of anxiety the ego tries desperately to reestablish equilibrium and resume operating with neutralized energy. This results in controlled anxiety in contrast to the situation of complete regression in which attempts at restoration have been abandoned (This he calls uncontrolled anxiety.)

Returning to his patient Schur recalls that itching frequently occurred as a concomitant of anxiety it did not occur in situations of actual danger except where analysis revealed linkage with unconscious sources of danger. Itching also appears with hostile affects. Whenever anger and rage emerge changes occur in ego control and in the ratio of neutralized to nonneutralized energy somatic discharge phenomena appear. Any of these shifts may be interpreted by the ego as danger and evoke some shade of anxiety which may bring an upsurge of aggressive impulses.

Schur is critical of applying Cannon's findings in animal physiology

to the formulation of hypotheses (e.g., "repressed hostility" must result in a "damming up" of aggression and thereby in a "chronic stimulation" of the sympathetic nervous system) in "psychosomatic" research. He believes that if expression of hostility and "self assertiveness" had a cathartic effect and could release the tension of "dammed up" aggression, his patient, who did not fail to express her hostility overtly, would not have had somatic manifestations of aggression. Yet, in the first years of her analysis she reacted with severe itching and/or eruptions to any upsurge of aggression, while toward the end of therapy, although still quite angry on occasion but more controlled, she did not react in this way. With the solution of her unconscious conflicts, she could respond to the precipitating situation on the level of the secondary process.

Turning to the role of libidinal impulses in somatization, Schur asks whether the itching attacks which his patient had when she contemplated intercourse with her husband represented anxiety or libido. Because the sexuality of these patients is largely pregenital, it is difficult to separate somatic manifestations of libido, aggression, and anxiety. He prefers to consider itching connected with libidinal drives, their equivalent and not their concomitant. The connection between sexuality and symptom is more obvious in the case of scratching spells, which may, in some dermatoses, have a clearly orgasmic character. In many cases it becomes the main or even the only means of sexual gratification, lending itself especially well to the discharge of sadomasochistic drives. Scratching frequently assumes a compulsive character, and the battle against it takes over all the characteristics of the battle against masturbation. The analyst is faced by the difficulty of showing the patient the reality that scratching is bad for the skin—but not because of its sexual character. Exhibitionism and the defense against it play an important role, both as a partial instinct and as a primitive form of object relationship. Scratching away a lesion which "has to be seen" serves as a primitive defense and self punishment at the same time. To say that scratching represents "aggression turned against the self" is usually an oversimplification, for on a deeper level it means punishing an external object, usually the mother. Other manipulations of the skin (squeezing, picking, etc.) have in common with scratching their compulsiveness, the masturbatory background, the guilt feelings, the element of self punishment, and often the mechanism of punishing others by self-destruction, as well as exhibitionistic aims and the defense against them. Schur maintains that the first outbreak or individual relapses of the specific skin eruption come at the climax of an unbearable conflict, i.e., a situation in which ego control has disintegrated.

The author points to a similarity between symptom formation in

certain dermatoses and hysterical conversion i.e. in both instinctual drives and defense find an expression in the somatic sphere which can be translated into words and make sense on a conscious level. However this similarity is limited to the structure of the symptom eruption which constitutes but one aspect of the variegated pathology of such cases. In addition they often show obsessive compulsive and phobic symptoms. Libidinal regression goes much deeper with prevalence of exhibitionistic and narcissistic tendencies. The skin is being treated as both part of the self and as outer object. Differentiation between the two is vague. At the height of the eruptions the clinical impression may be reminiscent of a schizophrenic process. In both conditions the prevalence of primary process thinking impairs the vital ego function of evaluation of danger and results in regressive types of anxiety reactions in which ego control is either lessened or abandoned (as in uncontrolled anxiety). Secondly the impairment of ego functions extends to the inability to neutralize aggression the failure of which is apparent not only in the somatization of responses but in other instances where we assume the use of aggressive energy (e.g. in countertransference and in the primitive punitive superego). A most significant difference is to be noted however in the capacity to restore secondary processes which the dermatoses patients exhibit. Even at the height of their eruptions they fail to show the impairment of the function of language which is so typical for the schizophrenic thought disorder. The regression in schizophrenia and in psychosomatic disorders goes in different directions. In schizophrenics it culminates in a further dissolution of ego functions especially in the sphere of thought processes in a far reaching defusion of instinctual drives and in the establishment of total primitive identifications. The regression in psychosomatic disorders results in a resomatization of various responses.

Turning to the problem of choice of symptom in psychosomatic disorders Schur observes that in none of his cases could he find specificity of personality of conflict or of defense against one phase of sexuality or of aggression and the defense against it. However these patients have certain characteristics in common. (1) they show a great variety of neurotic symptoms. (2) their libidinal development shows a prevalence of narcissistic and pregenital elements with intensive conflicts around exhibitionism (definitely present before the initial lesion). (3) there is a widespread impairment of ego functions (anxiety aggression identifications etc). (4) in line with their defective libido and ego development the object relationships are tenuous built around their narcissistic and pregenital needs and are characterized by extreme ambivalence and (5) they have all suffered an unusual amount of early traumatization. At

the same time, the author does not hold that this combination of factors will be found in emotionally precipitated dermatoses only. Discussing the problem of what accounts for the specificity of (1) the organ choice and (2) the lesions, Schur refers to the interplay of genetic and environmental factors. In the "psychosomatic" disorders he believes that, in addition to the ratio of pathological endowment to environmental traumatization which Freud spoke of as productive of a neurosis, there is an innate readiness to respond with a specific organ or organ system.

It was only in the fourth year of the analysis of Schur's patient (the sample case) that she entered into a phase not very different from that of the common neuroses. She began to bring early infantile material. Gradually she learned to express affects and transference phenomena on a more advanced level. She no longer talked and acted with her skin. Only after the relationship with her mother, her sibling rivalry, and her penis envy were worked through could she develop an accepting attitude toward her husband and become capable of normal orgasm. During this time her skin cleared completely and her complexion could have served as an advertisement for any "beauty cream."

Turning to a discussion of technical problems, Schur notes that anything which counteracts the symptom-producing regression should be beneficial (e.g., verbalization). Verbalized thoughts are closer to the secondary process than fantasies, daydreams, etc., and thus have more than cathartic value. Any improvement by "organic" methods can also counteract regression and help break a vicious circle. Group therapy is occasionally a profitable approach. Ordinarily, intellectualization may constitute a troublesome resistance, yet in these cases intellectual understanding may, especially in the initial phase, represent progress as compared to the deep preverbal regression. The author considers it possible to submit such cases to the full process of analysis. The criteria for selection follow those in other severe neuroses and "borderline cases." The analyst should be familiar with the special difficulties of such cases and be prepared to continue the analysis during periods of hospitalization if necessary. Only desperate cases may require "anaclitic" therapy. In others, analysis must be preceded by a preparatory stage of medical treatment and supportive psychotherapy.

Schur feels that the proper methodological approach to the understanding of the various dermatoses—and this extends to all fields of "psychosomatic" research—is the analysis of representative sample cases of each entity. Insights thus gained can then be supplemented by observations derived from extensive diagnostic interviews backed up by projective techniques, analytically oriented psychotherapy, and by longitudinal observations.

DAVID LIBERMAN (172) in a paper ON TIME PERCEPTION traces the earliest appearance of this ego function to the period immediately preceding birth—from the onset of labor to the first breath. The author adduces as evidence for his view the analysis of schizophrenic patients with symptoms of stupor and perplexity a paper by Paul Schilder and the relationships of *déjà vu* phenomena to fantasies of return to the womb. Certain general observations are made which seem to the author to be indicative of this relationship for example the fact that in schizophrenia the withdrawal of cathexis results in the loss of the sense of time and in the fact that for such patients time loses its meaning. The concept of the birth trauma is also discussed in connection with the author's thesis.

IN THE PRIMAL CAVITY A CONTRIBUTION TO THE GENESIS OF PERCEPTION AND ITS ROLE FOR PSYCHOANALYTIC THEORY RENÉ A. SPITZ (269) states that the mouth as the primal cavity is the bridge between inner reception and outer perception. The sensations within the primal cavity are indistinct, vague, pleasurable and unpleasurable at the same time. The earliest sensory experiences of events taking place in the primal cavity are dealt with on the level of the primary process yet they lead to the development of the secondary process.

Lewin's interpretive and reconstructive work on the dream screen as well as Isakower's clinical observations on the psychopathology of going to sleep are discussed by Spitz. He notes that both authors state that the phenomena described by them are based on the memory of what they consider to be the first visual percept, namely the mother's breast. Spitz on the other hand believes that his own work based on the direct observation of infants leads to the conclusion that the first visual percept is the Gestalt configuration of the human face. This percept is progressively developed in the first months and is well established in the third month of life.

Spitz speculates about the perceptual world of the infant as it may exist prior to the crystallization of this first visual percept during the period of nondifferentiation. He assumes that if the baby perceives anything it perceives moving, shifting, gigantic, vaguely colored and contoured inchoate masses. In the midst of this chaos certain masses which reappear periodically are associated with need satisfactions. The visually perceived face rather than the breast is viewed as the first visual percept. To reconcile his views with those of Lewin and Isakower Spitz suggests that the real point of juncture is that while nursing at the breast the infant is at the same time staring at the mother's face; thus breast and face are experienced as one and indivisible.

At birth the newborn perceives only sensations originating within his body. He is protected from outside perceptions by the stimulus barrier. However, there is one localized perceptual zone which includes within itself both the characteristics of interior and exterior perceptions. This is the area in and around the mouth. The inside of the mouth, the oral cavity, fulfills the conditions of partaking for perceptive purposes both of the inside and the outside. It is simultaneously an interoceptor and an exteroceptor. It is here that Spitz feels that all perception will begin, in this role the oral cavity fulfills the function of a bridge from internal to external perception. When the infant nurses and has sensations in the oral cavity while staring at the mother's face, he unites the tactile and visual perceptions of the total situation into one undifferentiated unity, a situation Gestalt in which any one part of experience comes to stand for the total experience.

The particular anatomical location and physiological function of the oral cavity enables it to distinguish the outside from the inside. Such considerations lead the author to qualify a generally accepted psychoanalytic proposition stressed by both Isaakower and Lewin. It is correct that the breast is the first object, it is probable that the breast, or rather the nipple forms a part of the first percept but direct observation proves that the breast is not the first visual percept. This is because at the earliest stage of life distance perception is not operative but only contact perception. There are also other organs, besides the oral cavity, that are involved in the contact perceptions of the nursing situations. They are the hand, the labyrinth and the outer skin surfaces. The sensations of the three organs of perception—hand, labyrinth and skin cover—combine and unite with the intraoral sensations in a unified situational experience in which no part is distinguishable from the other.

In the course of maturation a second modality appears after the contact perception. It is a distance perception in the form of visual percepts. Through the baby's unwavering stare at the mother's face during nursing the visual experience is merged into the total one. No distinction is made between inside and outside between what is seen from what is felt with the mouth. It follows that much of this also applies to the hand and its sensations. In the nursing baby the closure of the hand is performed in the same rhythm as the sucking movement of the mouth. The taking into quality of these hand movements justifies the proposition that they are experienced by the infant as belonging to the sucking movements of the mouth.

A clinical example from the analysis of an adult is presented. When looked at by maternal looking women the patient experienced a feeling of contraction inside the mouth associated with a displeasure in the

stomach like heat or emptiness. A similar sensation accompanied the hypnagogic experience of a cloudy breast with spots like a glass from which milk was poured out; the glass remaining covered with a film of milk. The contraction of his mouth muscles would force him to turn away and hide his face from maternal women. He remembered having had this feeling as a very small child when his mother carried him in her arms; at her breast from one room to another he also remembered the feeling of dizziness and nausea. He experienced similar sensations if the air (rushed) into his mouth while he was riding on a bus.

In the example given the sensations in the hand and abdomen were combined with the disturbance in the sense of equilibrium and the introral experience. It is this summative aspect of the nursing experience which motivates the author to speak of the inside of the mouth as the primal cavity. He also feels that the intrauterine fantasies at a later age are based on a regressive imagery of early intraoral experience which consists of taking into oneself the breast while being enveloped by the mother's arms and breasts. To the child this is one experience rather than two separate ones. It is similar to Lewin's formulation: to eat and be eaten. It is a vivid example of the mode of functioning of the primary process.

In the infant the level of imagery is presumably reached after the third month and that of verbal symbolic function at approximately eighteen months. It can consequently be assumed that from about three to eighteen months the infant perceives mainly in images and operates mentally with the memory traces laid down by visual percepts. This is the level at which Lewin's dream screen representing regression to the level of visual perception and imagery can become conceivable. The regression in the Isakower phenomenon goes back to an earlier period than which precedes the reliable laying down of visual mnemonic traces which are laid down in sensory modalities other than visual ones. It would appear that the blank dream discussed by Lewin replaces in the sleeping state what the Isakower phenomenon stands for in the pre-dormescent and pathological states.

Isakower describes one specific consequence of the disintegration of the ego in the process of going to sleep—the change which takes place through the withdrawal of cathexes from the outward directed sensorium and a concomitant increase in the cathexis of the body ego. The newborn has to cathect the interoceptive system for the purposes of metabolic functions. Thus there will be no stimulus barrier interposed before its own body—the total available cathexis is directed toward its own body. However, since the stimulus barrier consists of the uncathected condition

of the sensorium, the formulation of the going-to-sleep process (in the adult) is a counterpart of the way in which the newborn functions.

The level of coenesthetic perception belongs to what the author would call the experiential world of the primal cavity. It is the world of the deepest security which man ever experiences after birth. It is to this world that man escapes when he feels threatened by pathological conditions in febrile states. The method of escape has a double mechanism: the withdrawal of cathexis from the sensorium on the one hand and the hypercathexis of the body on the other. The particular sector of the body-ego representation which seems most highly cathected is the representation of the primal cavity. Also, when the body relaxes in the passivity of sleep, the activity of the mind will retrace its way toward the primal process, and the primal cavity then becomes "the cavernous home of the dreams."

IN MOTOR PATTERNS AND GENITAL BEHAVIOR: FETISHISM, BELA MITTELMANN (192) discusses various aspects of motility, emphasizing the affectomotor and vigorous rhythmic phenomena and their pathological implications. These pathological implications may appear regressively in older children or adults during intense excitement. They may contribute to the patterning of symptoms in disturbances of the genital function in general and, fused with exploratory part objects, to fetishism in particular.

The case material presented is part of a study including long-term observations, supplemented by moving pictures and drawings involving both normal and sick infants, children, and adults, as well as sick adults in psychoanalytic or prolonged therapy. Scrutiny of the motion pictures disclosed: (a) a characteristic motor pattern observable in some infants during joyous excitement (smile), crying, and restraining; (b) the patterning changes with the maturational process; (c) in the process of developing new motor abilities the infant explores the lower part of his body, discovers his penis and his feet, and there is affective (libidinal) investment in the newly discovered parts of the body; (d) rocking, as a clearly self-centered activity in a state of frustration, anxiety, and anger, also served as an autoerotic substitute of more archaic character for motor play in a nine-month-old child.

A five-and-a-half-year-old boy exhibited fear of abandonment, submissive behavior, foot fetishism, and prolonged masturbation. For this boy, motility was of great psychological importance: he had a strong urge for activity during joyous excitement which was characterized by vigorous jumping up and down. The boy's sister showed a similar affectomotor and motor autoerotic pattern. The mother too had shown

the same motor pattern until she was eight years old. Thus the congenital and hereditary factors were important in this case. The mother also influenced the boy's genital motor behavior directly and indirectly by the manner in which she handled him.

When treatment began the boy had been masturbating for two hours after waking and two hours before going to sleep. While lying in the prone position he made movements as though having intercourse at the same time hugging and rocking a pillow. This was accompanied by a fantasy of fixing (i.e. healing) feet with an instrument operated by a motor with his movements. At about a year and a half he would fondle his mother's or grandfather's feet with affectionate excitement while they were lying in bed, also making the movements described above. The mother discouraged this but the grandfather allowed it. At two he was presented with a plastic doll the surface of which resembled the texture of human skin. This doll which he called Brother Foot became his most treasured possession. The mother had been inconsistent in her behavior toward the child fighting about the boy's upbringing with her own mother with whom she lived. When the boy was almost three his parents established their own home which meant that he could not caress his grandfather's feet any more. It was soon thereafter that his excessive masturbation had started. The author felt that the masturbation was probably prolonged by the following factors: (a) he could not reach relief from tension (orgasm) because of the loss of the love object (grandfather) and the fear of abandonment and genital injury; (b) the masturbation represented the restitution of his grandparents and served as evidence that his genital was not injured (fixing feet); (c) the form of masturbation because of his motor pattern was such that the environment particularly the mother was always aware of it consequently the environmental threat was constantly renewed; (d) the masturbation was accompanied by fantasies which in themselves could not be fulfilled and induced guilt. Lively movement occurred in all the fantasies.

The author feels that the boy's genital orientation and symptomatology could be considered foot fetishism. At first overt this was later present in fantasy (foot fixing) and in the strong attachment displayed to the doll Brother Foot. Muehlmann proposes the following construction: some attachment to his own feet and to the shoes and feet of adults occurs in a certain phase of development in almost every infant. In this boy there was in addition an unusually strong and persistent joyous affectomotor pattern namely the vigorous jumping up and down undoubtedly corresponding to kinesthetic experiences in the feet and legs. These factors result in a body image with accent on the lower extremities.

ities. The tendency toward foot fetishism is further strengthened by the fact that his genital activity is based on the choice of a part object, he then identifies the whole object with the part object, and himself with the part object (the doll, 'Brother Foot'), he also equates foot, penis, the object, and himself.

The broader implications of the case are (1) motility plays a significant role in the patterning of genital impulses and behavior, (2) fetishism represents in part an intensification of a phenomenon occurring at an early phase of normal development, i.e., affective and libidinal investment of the body or of an article of clothing when these are 'discovered' in the course of development of skills. The author feels that motility and aggression play a significant role in the patterning of adult genital behavior, that infantile motor patterns, such as those displayed by the foot fetishist boy, become integrated into rhythmical muscular activity during intercourse and orgasm, although the larger part of adult activity is probably learned. Further, in dancing, the motor urge, in infantile motor patterns, and genital impulses are fused with skilled activity for an aesthetic effect.

The development of normal and pathological genital activity, including fetishism, is integrally connected with developmental processes of motor sensory, and intellectual functions (ego). The connection takes place in three reciprocating steps: (a) in the course of his exploratory activities the infant discovers, by oral, visual, motor, kinesthetic, and tactile means, new organs in himself and corresponding organs in the persons in the outside world, (b) these organs become invested with a great deal of interest and pleasure, (c) they are gradually recognized as parts of the total self and of the total object. These organs and articles of clothing may best be called exploratory part objects, part selves or part object selves—the last implying that the infant discovers that the organs are connected with the whole object, just as he has discovered that the same organs—his hands and his feet, are part of himself.

The term fetishism should be reserved for cases in which the reaction to the object includes genital excitement and manipulation. This may occur in some infants as part of the normal libidinal relation to exploratory part objects perhaps facilitated by rhythmic affectomotor patterns. Subsequently additional motivational factors enter, namely, frustration, fear of abandonment, aggression, fear of genital injury, etc. These additional factors may then be responsible for the persistence of the activity or for its later recurrence.

Fetishism is almost entirely limited to males—an observation usually assumed to be due to the difference between the male and female castration complex. Mitelman adds two additional factors: (1) the rhythmic

motility in infancy is more apt to stimulate the penis because it projects more than the clitoris, (2) some fetishists have a strong genital urge which appears relatively early in their lives as was the case in the boy reported upon. Early genital excitability with concomitant tendency toward partial object choice is more common in male infants.

The phenomena of the exploratory part objects which in a sense are the normal prototypes of one aspect of fetishism, occur at a period that precedes the differentiation between male and female and the castration complex. This does not contradict Freud's observation that in the adult the fetish represents the phallus of the mother, but it does imply that, in the earlier phase, the fetish represents an undifferentiated phallus, that is, as much of the father as of the mother. The boy discussed played as much with his mother's feet as with his grandfather's while executing the masturbatory movements.

IN A NOTE ON THE EXTRAPOLATION OF ETHOLOGICAL FINDINGS RENÉ A. SPITZ (268) takes issue with Szekely's interpretation of his observations on the development of fear in infants. Szekely, basing his theoretical assumptions on ethological studies, asserts that the 'eye nose forehead configuration is a key stimulus, phylogenetically derived from the instinctive fear reaction to the enemy, that the three-month smile response represents the first mastery of this archaic fear, and that the eight month anxiety is the visible manifestation of the fact that the child has learned to distinguish the part object of the mother's face from the preobject archaic quality of the 'eye nose forehead configuration. Spitz considers this extrapolation of ethological findings an artificial and erroneous one, not applicable to the development of the human infant. A complete summary of his paper appears in Chapter II.

LOUIS LYNN (174) applies the work of Morris Bender and his co-workers concerning double simultaneous cutaneous stimulation to *SOME DEVELOPMENTAL ASPECTS OF THE BODY IMAGE*. When various parts of the body are stimulated simultaneously the face and genital region occupy a position of dominance. In contrast, the hand, in spite of its large representation in the cortex, emerges as the least dominant member of the body image from these experiments: that is, the stimulus to the hand suffers the fate of extinction in comparison to the other stimulus areas.

When face hand stimulation was given to brain injured patients or those recovering from shock therapy, they verbally reported only the face stimulation. However, by raising the stimulated hand as well or pointing to the area in the hand stimulated, they showed that they had also registered the hand touch. Their responses suggest a regressive

tendency for a fusion of hand and face body parts. This is also seen in the drawings of children who often draw the arm as if it grew directly out of the face. This suggests the conclusion that face, hand, and breast are originally fused into a single homogeneous cluster. The distinction of the self from the nonself and one part of the body from another must be slowly learned through repetitive trials.

The hand stimulus may be extinguished because the hand in early childhood activities (sucking and masturbation) plays a motor role; hand sensations might even interfere with such erotic stimulation.

In TWO NOTES ON IDEALIZATION, ILLUSION AND DISILLUSION AS NORMAL AND ABNORMAL PSYCHOLOGICAL PROCESSES, CHARLES RYCROFT (245) presents the thesis that illusion and disillusion play an essential part as normal processes in the establishment of external object relations. To the extent that there is a correspondence between the infant's latent impulses and the satisfaction provided by the environment, he acquires the illusion that he has created its objects omnipotently. The later normal disillusion will be confined to the belief in omnipotence. The lack of such correspondence, on the other hand, leads to pathological states of idealization and illusion, which readily give way to intense disillusion.

Two similar dreams, one reported by a patient, the other recorded in a poem by the nineteenth-century Italian poet Giacomo Leopardi, are subjected to analysis. The central theme of both is the moon falling out of the sky. In the patient's dream the moon fell into a dustbin, but the night remained bright as another moon shone in its place. In the poem "The Terror by Night," the dreamer awakes to find that the moon is still in the sky. Thus, the reassurance which the patient gives herself in her dream is provided by the poet's waking consciousness.

Later poems employing the imagery of moonlight indicate that for Leopardi moonlight represented illusion and the setting of the moon disillusion. The nightmare in the poem depicted the threat of a sudden, catastrophic disillusion, the collapse of an idealization which was maintained as a defense against a sense of despair and futility. Leopardi was the son of a dominating, puritanical mother and an ineffectual though gifted father. He suffered from sexual impotence. "The Terror by Night" may be interpreted in terms of castration anxiety. This is reconcilable with Leopardi's use of the moon as a symbol for illusion and ideal beauty if one assumes that the dream expresses an internal situation. The moon represents the idealized, internal penis of poetic creativeness which has been overcathexed to overcome the sense of despair engendered by the poet's actual sexual impotence. This idealized penis also stands for an internal breast.

In the case of the patient's dream, the moon falling out of the sky represented the loss of an idealized good object. Its falling into the dustbin expressed its devaluation and sadistic anal expulsion, while the second moon shining in the sky was a denial of the loss and its prompt replacement by another idealized object. This actually corresponded with the pattern of the patient's neurosis. As a result of a traumatic early mother-child relationship, the patient began as early as the fourth year of life, a series of infatuations with older girls, teachers and female friends of the mother, all of which bore the marks of idealization. The infatuations were short-lived, ending in disillusion, anger and bitterness. She overcame these feelings by quickly finding a new perfect object, which she installed in place of the fallen one. The mechanism of idealization in this case served several purposes. Besides its sadistic purpose of punishing the mother, it enabled the ego to deny feelings of hopelessness and emptiness which had arisen as a result of withdrawal of cathexis from real, external objects. It also served to evade the necessity of recognizing and resolving the ambivalence which would have to be faced if real external objects were ever to be recathected.

Normally, an element of illusion enters into realistic libidinal cathexis of external reality. As Freud has shown, when the reality sense is in abeyance, as in sleep or when it has yet to be firmly established as in infancy, cathexis of a hallucinated imago of the object leads to temporary wish fulfillment. The development of a healthy erotic relationship with reality requires that at the moment of consummation of a wish there should be a convergence and merging of this hallucinated imago with the imago of the available external object. Failure to fuse these imagos leads to a divorce between the imaginative and intellectual functions. Successful fusion, on the other hand, leads to freedom from the belief that desire and reality are in inevitable opposition to one another, and to the development of a creative relation to the world.

From the infant's point of view, to the extent that reality has played into its unconscious expectations it will develop the illusion that it has created its objects. This illusion will require an eventual disillusion, but the disillusionment will be confined to its belief in its omnipotent control of reality, not to reality itself. The healthy child's hero worship of its parents and its belief in their omnipotence is a normal process of idealization which tides him over this period of disillusion, until such time as he can rely on his own powers as a potent but not omnipotent individual. If, however, the environment fails to provide a modicum of satisfactions, reality will be felt as tantalizing and bad. Impulses will tend to be directed inward and will attach themselves to the ideal objects created by splitting of introjected object imagos. The

infant's illusion that it has created its objects will in that case refer not to external reality but to the ideal internal objects, and the stage will be set for the development of pathological idealization processes, with their ever present risk of catastrophic disillusion

IN THE DEPRESSIVE POSITION IN NORMAL EMOTIONAL DEVELOPMENT, D W WINNICOTT (291) states that the "depressive position" is a normal stage and process in the development of healthy infants, it belongs to the weaning age—the age at which the infant can play at dropping things. This concept does not mean that infants normally become depressed. The child or adult, chiefly concerned with the innate problems of personality integration and initiation of a relationship with the environment, has not yet achieved the depressive position. For many individuals this is not achieved until they come into analysis.

The depressive position is an element in the development of the individual from the ruthless demanding of the early infant to a state of concern with the results of instinctual love. The environment is mother's child care technique. Mother's functions correspond to the infant's quiet and excited states: she has been loved as the one who adapts to the infant's needs—at the same time she has been the object of assault during phases of instinctual tension. Integration of these two aspects of mother, and the mother's survival over a period of time, gradually add up to recognition of the difference between outer and inner reality.

Constant reinforcement of the benign circle of the depressive position (i.e., relationship between infant and mother, perception, inner working through the capacity to give, and reparation) results in the infant's ability to tolerate the result of instinctual love. Guilt arises from the bringing together of the two mothers, of quiet and excited love, and gradually becomes a healthy, normal source of activity in relationships. The healthy child has a personal source for his sense of guilt. As greater guilt is generated, there follows intensification of instinctual experience, with its imaginative elaboration, resulting in an enrichment of the inner world, followed by larger gift potential. (This is seen repeatedly in analysis when the depressive position is reached in the transference.) As the individual builds up memories of experience felt to be good, the experience of the mother's holding the situation becomes part of the self, assimilated into the ego. Thus, the actual mother becomes less and less necessary and the individual acquires an internal environment. If the benign circle of the depressive position is broken, an undoing process occurs resulting in instinct inhibitions, general personal impoverishment and loss in the capacity for sense of guilt. The child can continue

with instinctual sensual gratification without guilt but he loses the capacity for affection. The small child needs someone who is not only loved but can accept potency in terms of reparative and restitutive giving. If the inner phenomena give trouble the mood is depression. In the individual's management of this depressive mood that is associated specifically with the depressive position anxieties there exists the manic defense in which everything serious is negated. Its clinical presence implies that the depressive position has been reached but is being held in abeyance rather than lost.

It is overly simple to discuss the depressive position only in terms of feeding. The inner world of the individual builds up there are contending forces objects and object matter bad perceived matter introjected in order to be controlled good perceived matter introjected for personal enrichment and stabilization. An orderly sequence is implied. It is the analysis of the oral sadism in the transference that from the economic standpoint lessens the persecutory potential in the inner world of the patient. While many defense mechanisms are employed one defense against depressive anxiety is relative inhibition of the instinct itself.

The depressive position depends on the development of a sense of time on appreciation of the difference between fact and fantasy and above all on the true integration of the individual. If we start at the point at which the individual becomes a unit we can deal with matters that inherently follow that stage in health. In the individual who has achieved and established the depressive position the reaction to loss is grief or sadness. If there is some degree of failure at the depressive position the result of loss is depression. The depression is a healing mechanism it allows for reduced speed so that all possible defenses can be brought into play for working through and eventually a spontaneous recovery. Clinically depression of this sort tends to lift. In the subject whose depressive position is securely established there accrue introjections for personal enrichment and stabilization or memories of good experiences and of loved objects. Eventually the subject can carry on without environmental support. Mourning is experienced and worked through and grief can be felt as such. The child's throwing away of things is an indication of his growing ability to master loss and is therefore an indication for weaning. Memories of good experiences help tide the child over periods in which the mother fails. The good breast is an inner phenomenon if the individual has achieved the depressive position. In normal development the depressive position cannot be left aside it is the problem of life unless it is reached. The child healthy

in having reached the depressive position, can get on with handling the infinite variations of triangular human relationships

In his essay on *MOTIVATIONS IN LEARNING*, EDWARD LISS (177) presents in general terms the psychophysiological basis of learning and its constitutional, developmental, and cultural aspects. He discusses the process of learning in terms of parent, sibling, and teacher relationships, masculine and feminine identifications, the alternatives of intellectuality or sexuality, sadistic and masochistic utilization of learning as opposed to mature creativity, and the role of symbols. He closes with a brief summary of learning disabilities and their therapy.

He defines learning as the psychosomatic process by which an idea or action originates and is then applied. Inasmuch as the production of energy, particularly in the young, goes far beyond the need of the organism for growth and repair, there is a substantial residuum for other purposes. This surplus energy, when used for exploration and experiment, carries with it the sense of gratification which comes with accomplishment. To appreciate fully what learning can be, one should go back to one's childhood and revive those fleeting moments of ecstasy with which one was suffused when new knowledge was suddenly glimpsed and new experiences encountered. Why is such early freshness and pleasure so rarely experienced in later life?

Learning in infancy is centered around the body or self, which is instinctively demanding and unyielding in its physiologic interests, e.g., food intake and elimination of waste products. The compromise of self in relation to others comes only with time, when the psyche is able to differentiate between extrinsic and intrinsic phenomena. Basic egocentrism is centered around the by-products of the infant's physiology: these are his creations and the core of his sensual self. Only through love and affection, which come from his relationship to others and in which he finds basic security, is it possible for the individual to transmute these body products into the highest aspects of man's creativity.

The better part of the first three years is centered around eating habits, bowel and bladder control, and locomotion. For the gratifications and inhibitions inherent in these functions the parents, in accord with their own conditioning, substitute other interests and activities. By the time the child enters school at six, substantial substitutions have taken place. Concurrently with the oedipal phase, in families where there are siblings, social relationships and the varied interests of childhood are experienced through and with these siblings. This early period is most important, for many learning disabilities are centered around the child's

rejection or acceptance of the contribution of those individuals who have the role of educator guide friend or peer

Inherent in survival are the application of the five senses and their interconnections. Inasmuch as the total organism participates in any sensory experience there is no such thing as a sharply localized reflex. The early childhood adaptation to an environment which permits some biological indulgences and taboos others determines how deeply how sensitively and in some instances how meretriciously patterns of learning are laid down with physiological cores. The earlier parent-child relationship conditions the subsequent teacher-student pattern for good or evil when the problem is no longer body action but derivations or substitutes for physiological satisfaction which we call sublimation.

The pre-elementary school is the arena for the transmutation of interests in body and body products into interests which are socially more acceptable. The educator in the nursery or kindergarten must be more physiologically oriented than cerebral to make this transmutation as easy for the child as possible. The teacher can function as a good parent because he had a good parent, as a poor insecure parent with power which is used aggressively, or as a good parent in reaction to the poor parents to whom he had the misfortune to be exposed. Of these three categories the first is the most desirable, the second should not teach at all, and the third may function well with good end results as far as the students are concerned but undoubtedly at a great expense of energy and tension on his own part. The classroom becomes the stage where teacher and student act out the past. The residual patterns take over and affect the learning process. The child's image of the educator is frequently at complete variance with his actual personality and it is necessary to interpret this to the educator. Where the child has been conditioned by a bad parent it may take some time to undo the pattern of fear, anxiety and aggression. Projection upon the teacher is facilitated if his sex corresponds with that of the parent in question.

The child who has a good sibling relationship at home makes an easy approach to his schoolmates. The only child may be timid and be bewildered or defensively bellicose. Important for the child's future development is whether his inherent need for respect is met through love or aggression.

Each culture has its own concepts of masculinity and femininity and these mores more or less ritualized influence learning. In the family cerebral function and manual labor may become sex-linked, the former appearing as the female role and the latter as the male one. Where the mother has more leisure and has become the so-called cultured member of the family, intellectualism becomes enmeshed in femi-

nine identification and creates difficulties for the boy in the resolution of the oedipus complex and the adoption of a truly masculine role. Too often there develops an opposition between culture and sex. The greater the acceptance of the symbiosis of these two components, the more sound will be the individual and his functioning as a problem solving and creative personality and the less interference there will be with the learning process. Mature creativity is creativity with a minimum disturbance of sexual potency.

Symbols constitute the material that is the medium of activity and exchange between student and teacher. Some of these are universal, some culturally determined, and some unique to the individual. The successful consummation of learning is wisdom, which enables the individual to utilize symbols with a minimum of demoniacal anxiety and a maximum of pleasure.

Learning disabilities are related to (1) organic defects (congenital and acquired), (2) psychosomatic disturbances, and (3) affect or functional psychic disabilities (neuroses and psychoses). The response to an organic defect may involve (1) an acceptance of the defect, with a hypertrophy of other sense activities, (2) a flight from the defect so that the loss of function is exaggerated, and (3) an overcompensating employment of the defective sense organ. The treatment of learning disabilities falls into three categories: (1) those which can be helped through simple pedagogic techniques, (2) those which require psychiatric therapy (because the disability is a single manifestation of a complex maladjustment) and (3) those who, having benefited from psychiatric treatment, are now amenable to pedagogy.

Learning difficulties due to congenital defects constitute a small percentage of the total. Most are due to psychosomatic and affect disturbances, and for their detection and evaluation the Rorschach test is important. Minor organic defects create a challenge to sublimation, and if the organism is suffused with anxiety, the psychic feedback may often negate the functioning of the involved organ. Sometimes good results are achieved not because of any special pedagogic technique but because of the transference between tutor and retarded student. The choice of sex of the tutor is a matter of experimentation unless it is possible to go intensively into the history of the parental relationships. For some the only child role contained in the tutor-student relationship is effective because it eliminates the competitive sibling images. In our educational system there are countless cases where learning blocks in specific subjects appear despite a healthy and happy background with no particular difficulty in the resolution of the oedipus complex. This is a

challenging area for research. Often these cases respond to the technical skill of an understanding teacher.

Where the learning situation is beyond the scope of the usual pedagogic techniques it becomes a matter of psychiatric and pedagogic teamwork. With the release of pathological libidinal fixations energy is made available and seeks out new activities. Pedagogically significant and at times dramatic interests in new fields as well as a revival of old interests in a much more functional and creative fashion are the rewards of successful psychoanalytic therapy. Proper evaluation of the learning problem rests on the allotment of suitable roles to physician, psychiatrist, and educator. The correct timing of the contributions of the latter two (once all organic aspects have been appraised) is of major importance and is aided by the developing insight of the patient into the elements which have blocked his intellectual efforts.

A specific form of disturbance in the learning process, strephosymbolia, is observed to result from the precocious maturation of ego sectors involved in visual and auditory perception. VICTOR H. ROSEN (235) in STREPHOSYMBOLIA: AN INTRASYSTEMIC DISTURBANCE OF THE SYNTHETIC FUNCTION OF THE EGO describes a case in which the synthesis of these ego functions became involved in the primal scene and the oedipal conflict because of such precocity and was consequently impaired. A complete summary of this paper appears in Chapter IV.

II SPECIFIC PROBLEMS

A Ego Functions

A variety of papers take up the functions of the ego with respect to pain and the body states of consciousness, neutralization, and sublimation, and specific phenomena in this area: identification, perception, communication, narcissism, character structure, integration, and object relationships.

Using philosophic, semantic, and clinical knowledge, THOMAS S. SZASZ (276) proposes a theory to explain THE NATURE OF PAIN that involves hierarchical concepts. The primal model is that of a biological signal from body to ego. The second level is described as the danger signal being used as a communication between two persons. The third concept of pain refers to those phenomena where the meaning of pain is contained predominantly in its communicative aspect.

The distinction between physical and mental pain is the result of a

philosophic bias that considers causation as prior to the processes operating within the total field within which the phenomenon occurs. The biologic function and meaning of pain is that of a signal by which the ego registers the fact that something is "wrong" (damaging, dangerous) with its structural or functional integrity. This is an unlearned biologic process independent of culture. It is the concept that pain is "objective"; that is, that the experiencing system simply registers a stimulus which is not altered by the perceiving system itself. It is a message from the body to the ego signifying danger. This is the primary model of the pain concept.

The evolution of higher levels of meaning to pain parallels a general increase in the complexity of our cerebral and mental organization. As a message from the body to the ego, the primary model of pain is a message within a single organism, a one-body frame of reference. We may distinguish a second category of pain when we bring a second person into the field. In childhood, the experience of pain leads others to minister to the child. Thus pain is also used to symbolize a plea for help; on this level it is a transaction involving communication between two persons. In order to secure help it is essential that the meaning of pain be conveyed to the other person. Physical pain denotes agreement, and mental pain denotes disagreement, between observer and sufferer.

In the third concept of pain the communicative aspect is paramount. Failure to appreciate and study this aspect of the pain phenomenon has led to the misunderstanding that mental pain is imaginary. Pain, in this category, may have a number of meanings: it may be a command for help; or it may be addressed to someone not because we expect help but because we feel he owes us something.

Turning to clinical illustration, the author observes that patients referred to the psychiatrist for pain are usually resistant to a psychological approach and that a preliminary discussion is needed.

A girl in her late teens had severe incapacitating attacks of pain referred to the abdomen, pelvis, and lower back. There were also episodes of anorexia and vomiting. The pain was related to two sudden and traumatic losses, her mother's death following surgery for fibroids of the uterus, and her father's subsequent depression followed by an automobile accident which the family regarded as an act of suicide. Shortly after the father's death the patient developed pain. The failure to resolve these traumatic losses was related to her present illness. She improved in psychotherapy after she became convinced of the physician's positive interest in her. The pain was both a request for help and an aggressive complaint: "You see you still have not done anything for me." The pain was also a warning signal of impending danger. Having lost

both parents she had no other significant object to lose than her own body. To guard against surprise loss the warning signal was repeated in a chronic manner. In this way the signal became a source of security. In this instance the ego takes the body as a transference object substituting for both mother and father. There is a relationship between this symptom and the structure of depression and paranoia.

A second case is that of a man in his late thirties who complained of persistent abdominal pain. Facing retirement from the navy the patient experienced considerable conflict regarding the transition to civilian life and showed a massive denial that there was any problem. The pain was both a plea for help and a complaint and retribution for the help that was not forthcoming. The pain symbolized the following thought: 'You see I have done my duty, but you have not done yours [to help me]'. This symptom bears some similarities to paranoid delusions.

In *THE EGO, THE BODY AND PAIN* THOMAS S. SZASZ (27c) attempts to revise the model of the mental apparatus to make possible a greater understanding of the problem of pain and to bring it into focus in analytic thinking. He suggests that the ego relates not only to objects but to the self as an object and that pain has to do with the relationship of the ego to the body. Pain is conceived as a signal to the body warning of disruption of those parts of its structure which can be visualized and of functions which may be lost such as vision and hearing. It may also constitute a reaction to and a warning against the danger of excessive stimulation. The developmental phases of the ego and their relationships to the differentiation of pain from anxiety and to the interrelated meanings of pain and anxiety are discussed.

Noting the paucity of significant contributions to a psychoanalytic understanding of the affects and especially of the affect of pain the author proposes to enlarge our concept of the ego, so that pain (and its derivatives) can be made to fit more readily into the structural theory. He attempts to show that the present theoretical framework makes such an integration impossible. The affect of anxiety is compared to that of pain while the former concerns the ego's orientation to objects the latter is fundamentally associated with the ego's orientation to the body. The author proposes an extension of the ego concept to include the relation to the body (of the self) as an object. He justifies this extension by pointing out that according to present concepts the functioning of the mental apparatus of the adult does not include the body and processes within the body. Secondly he notes that his modification merely adds a further object to those generally accepted as such with

which the ego interacts. He cites similar ideas in the literature, including those of Schilder in 1923.

Szasz comments on the variety of ways in which infants react to body parts as if they were external objects, and regards these phenomena as manifestations of attempts at mastery by the ego of the body, as increasing ego-body integration.

Using the analogy of anxiety, the author defines pain as a "warning of the danger of the loss of a part (or the whole) of the body" or of the disruption of the continuity of the body, it leads to specific defenses in the same way as anxiety. This would apply particularly to skin or appendages which are cathected as objects, and to functions such as vision and hearing, which can be "lost." Furthermore, phenomena associated with pain have to do with the perception of excessive stimulation by the ego, and the fact that the latter experiences it as emanating from the body (internal organs).

The author next considers genetic problems. Dividing the object world into the body and "people as objects," and recognizing the difficulties in deciding which of these two comes first developmentally, he favors the idea that "the body as an object is more important for the early ego than are (interpersonal) 'objects' as objects." To substantiate his view he takes up the mental state of the waking infant. The first "awareness" which would stimulate ego development would be that of painful perceptions arising in the body. At this stage the body as such is not clearly perceived as it is in the adult, but Szasz contends that primacy should be granted to stimuli which are most intense and prolonged (originating in the body) rather than to those which are most rewarding or necessary for survival (from the mother). He differentiates three developmental stages: (1) age 0 to 4 mos. affect is undifferentiated pain anxiety, (2) age 4-9 mos. affect of pain (body) is differentiated from that of anxiety (external objects), (3) adult ego affects of pain and anxiety have meaning and may be used as defenses, each against the other.

Pain has been kept out of the province of psychiatry and relegated to the field of medicine. The duality, body and mind, medicine and psychiatry, defenses against pain and anxiety, reflects the duality of the ego's basic relationships to the body, and to people. If, on the other hand, pain is conceived in terms of the ego-body relationship, the distinction between "organic" and "psychogenic" pain disappears. This distinction, like that between "objective fear" and "neurotic anxiety," merely reflects the observer's judgment of the nature of the source and location of an identical subjective experience, and therefore of its "validity." And since internal objects are "private" and not *seen* by

other egos they are judged to be abnormal. A third classification that of experimental pain also refers to the observer's opinion and intention and not to the ego experience. It has therefore been impossible to validate findings from one experimental situation or group to another.

Finally Szasz reviews some of the literature on pain with emphasis on the work of Freud, Schilder, Fenichel, and Anna Freud.

IN HYPNOID STATE REPRESSION ABREACTION AND RECOLLECTION
 HANS W. LOEWALD (178) demonstrates how Freud's earliest notions of a hypnoid state and abreaction, though ostensibly given up in favor of his defense theory, actually recur in a more sophisticated form in his concept of the repetition compulsion and the therapeutic task of working through. At first Freud agreed with Breuer on the importance of the hypnoid state as a factor in the production of hysteria. It was their idea that hysteria resulted not so much from the content of the recollections but from the mental state of the patient at the time of the given experience. Because of some abnormal mental state, the hypnoid state, the normal processes of abreaction and associative absorption could not occur and a pathological outcome ensued. Later Freud rejected this notion in favor of his defense theory. His observations also led him to the assumption of the early sexual trauma as an indispensable factor in hysteria. Later he modified this view, concluding that no actual external sexual seduction is necessary but that there exists an infantile stage of sexuality which implies instinctual stimulations and fantasies irrespective of external stimulation.

The author contends that the ego state corresponding to the period of infantile sexuality is essentially Freud's original hypnoid state, freed of its naive implications of an obscure abnormal mental condition. This state has two characteristics which are important here: (1) no associative absorption of sexual instinctual experiences is as yet possible because of the immature condition of the psychological functions, and (2) traumatic experiences at this period are laid down as unconscious memories in predominantly somatic memory traces. The latter is essentially what Freud meant when he said that hysterics suffer from reminiscences.

Traumatic, then, is any experience with which the immature ego is as yet unable to cope by abreaction and associative absorption. Repression as a defense is a regressive repulsion of this nonarrival at consciousness. But while the original nonarrival was due to the immature state of the ego, the later edition is the action of a more mature ego which can make defensive use of early primitive mechanisms. The ego represses the new experience because the new experience conjures

up by way of the unconscious memory trace of the early experience the infantile mechanism. Thus the author concludes, both repression and hypnoid state are essential elements of hysterical mechanisms furthermore that repression cannot be fully understood without recognizing that it represents a more integrated version on the part of the mature ego of a primitive mode of functioning.

Freud's later concept of the repetition compulsion seems to reflect his growing insight into the enormous power of the unconscious to pull back into its realm later life experiences before and beyond the rejecting power of the ego defenses. In *Certain Modifications of Views Previously Held* Freud stated that even after the ego defenses have been analyzed a strenuous period of working through is required because of the influence of the repetition compulsion. He clearly distinguished this latter resistance of the unconscious from ego motivated defenses. Working through can therefore be defined as a process beyond the analysis of defenses and is primarily concerned with the task of lifting unconscious processes onto a new level of integration the level of secondary processes. This is accomplished by abreaction and associative absorption.

Abreaction through recollection affective discharge and verbalization is the basis of working through. In analysis we see again and again that the true recollection of a childhood memory is not the recall of something forgotten but a creative event in which something for the first time can be put into words. The definite impression is that it never had been put into words—that it never had been capable of being put into words because the original experience had taken place on a level of integration which did not render it available for preconscious or conscious integration.

Very much interwoven with abreaction is what Freud calls associative absorption. This expression appears to be the earliest version of what he later describes as the synthetic function of the ego. A traumatic event is one which cannot yet be associatively absorbed or integrated by the immature ego. Working through in analysis consists in the process of abreaction especially on the symbolic level of language, and the associative absorption founded on it.

In *The Ego Consciousness Motor Processes and Thought* A CHAIMAN ISHAM (1938) attempts to establish a theory of the ego by creating what is conceived to be a third way between stimulus response and ego-instinct theory standpoints in psychology. Object and ego are seen as producing consciousness and movement through the relationship between them. The ego is defined as the subject *I* which exists does think experiences. Two conditions are necessary to its existence con

sciousness and motor activity Furthermore, the ego is a subject which relates to objects acting on them and being acted upon by them While consciousness is an essential condition of the ego, it is not its definitive characteristic Important contributors to the ego are (1) the self, (2) identifications, (3) projections (4) objects other than the self

Consciousness is sensory If it is purely sensory, then the motor processes are unconscious, and what this means to the ego becomes a consideration The only substantial view that consciousness is sensory is supported by Boring, Freud, James, Rapaport, and others The argument of William James, that consciousness of motor activity is an afferent rather than efferent sensation, a consequence rather than an antecedent of the movement, has not been refuted

Reality is interposed between sensory perceptions and motor actions The thinking ego must have something to relate to and with which to be in contact There must be two realities, reality itself, intense, vivid inexorable, and reality used by thought performing quietly with smaller energies Memories by their correspondence and coincidence with reality give to thought the necessary reality principle Since motor processes do not discharge directly into reality, nor does reality discharge into sensory activity, neither must the motor and sensory processes of thought behave in this way toward memory The ego must participate in the creation of every memory and is necessary to its recall A memory becomes conscious only when the relationship between ego and object becomes active

The problem of the motor processes, psychologically considered, is how the ego and objects move in relation to one another in thought A number of concepts involving motor processes have already assumed importance in psychology These are repression sublimation fusion and defusion, excitement and inhibition reinforcement or cancellation of drives

The ego is conceptualized as being in a relationship to objects in which the ego moves to the objects and experiences contact with them The ego includes both conscious and unconscious areas of observation as demonstrated by the unconscious nature of motor processes and the conscious nature of sensory processes

In a PANEL ON SUBLIMATION (214) held at the Midwinter meeting of the American Psychoanalytic Association, an attempt was made to clarify this problem in the light of recent advances in psychoanalytic theory, especially that of ego psychology The concepts of psychic structure and ego autonomies were of chief importance in the discussions and led to the conclusion that investigation into the problem of sublima

tion (among others) must expand its scope, beyond the limits of the analytic situation, to utilize data from many allied fields

The two main presentations were by Heinz Hartmann and Ernst Kris, who subsequently published their papers during the same year. Therefore, the synopses of their papers rather than that of the Panel is given here

HEINZ HARTMANN (126), in *NOTES ON THE THEORY OF SUBLIMATION*, starts with Freud's later concept of deinstinctualization and applies insights derived from the development of ego psychology. Besides the general character of the process, he discusses the origin of neutralized energy in the libidinal and aggressive drives, the capacity to neutralize and its individual, situational, and developmental variations, the incentives to neutralization stemming from id and ego, the ontogenesis of neutralization, the neutralized cathexis of aims of the ego, as opposed to that of ego functions, the role of neutralization in defensive as well as nondefensive ego functions and their cathectic difference, the gradations of neutralization, as in relation to the various functions they serve, the partly different use of neutralized libido and neutralized aggression, and the correlation of neutralization with secondary ego autonomy.

Hartmann points out that despite the broad and general use made by analysts of the concept of sublimation and despite many attempts to free it from ambiguities, there remain uncertainties which call for a redefinition of the term. The most common definition refers to sublimation as a deflection of the sexual drives from instinctual aims to socially or culturally more acceptable or valued ones. Bernfeld (1931) and Sterba (1930) objected to this definition on the ground that it is always questionable to include value judgments in the definition of a mental process. Bernfeld's suggestion that the element of value judgment be supplanted by the concept of ego-syntonic aims left unanswered many questions having to do with the relations between sublimation and sexualization. One could try to relate the difference between sublimation and sexualization to the preponderance of the secondary or the primary process, to the degree to which the functions in question are reality-syntonic, to whether suppression of the function can lead to anxiety, to how likely the ego activity is to change into direct instinctual gratification, etc. Hartmann feels that basing the concept of sublimation on the aims of behavior only presents a number of shortcomings, one of which involves the failure to consider differences in the degree of secondary autonomy of the ego. Postponing the discussion of energetic aspects (modes of energy involved), he states that the stability of sexualized ego functions and

their integration are usually less secure and that they more easily follow the pull of regressive tendencies

Developmentally speaking one main trend can be characterized as away from instinctualization of ego functions toward greater (secondary) autonomy (i.e. better protection against instinctualization and regression). The degree of autonomy is in general correlated with what we call ego strength

In speaking of sublimation it is necessary to distinguish on the one hand between the (sublimated) cathexis of an ego function and the (sublimated) cathexis of its aim and of the objects through which that aim is achieved. Likewise it is necessary to distinguish between the function of sublimation and its genetic aspect

Consonant with Freud's later proposition that all ego functions are fed by desexualized or sublimated (i.e., neutralized) energy is the proposition that sublimation is a continuous process and not limited to culturally or socially valuable achievements. Likewise references to normality and abnormality and to distinctions between true and not true sublimation are excluded. This does not mean however that no correlation of capacity for sublimation or degree of sublimation of specific ego functions with states of health or disease exists or that it is irrelevant

Neutralization is the change of both libidinal and aggressive energy away from the instinctual and toward a noninstinctual mode. Clinical experience and theory point to the probability that there exists a continuum of gradations of energy from the fully instinctual to the fully neutralized mode. It appears likely that differences between instinctual and neutralized energy are paralleled by differences between the primary and secondary processes

Changes in the degrees of neutralization do not necessarily coincide with a change of the aims. Aside from primary autonomous ego functions and before the ego has been established as an organization primordial aims and functions come under the influence of libidinal and aggressive displacements and symbolizations. In the course of development their cathexes will be neutralized and they will gain a certain degree of autonomy vis à vis the instinctual drives in constant interdependence with the processes of maturation. Once the ego has accumulated a reservoir of neutralized energy of its own it will (in interaction with the outer and inner world) develop aims and functions whose cathexis can be derived from this reservoir, which means that they do not always have to depend on *ad hoc* neutralizations

Neutralization proceeds through the ego (or its precursors). While a change from object to narcissistic cathexis will often be one step in

neutralization, as for instance, in identification, this step is not a necessary prerequisite of neutralization in general

In sublimation (neutralization) the ego allows a certain amount of discharge of the original tendencies, provided that their mode (and, often, their aims) has been modified. This fact has been made the basis of its distinction from reaction formation. It sometimes appears from analytic writings that sublimation refers to the nondefensive achievements of the ego, which points to the (dynamically speaking) correct opposition of defensive and nondefensive ego functions. It seems that defense against the drives (countercathexis) retains an element (fight) that allows of their description as being mostly fed by one mode of aggressive energy, and that this mode is not full neutralization. In this sense, countercathexis in repression appears to be a good example to contrast with the nondefensive ego functions. Reaction formation is a less apposite example because here the countercathectic function is often overlaid with other functions of the ego. It would seem that the nondefensive ego activities have a higher discharge value than the countercathexes, and that the typical reactive character formations would have an intermediary place—representing on the one hand a defense, on the other hand nondefensive functions. Although the shift of energy from one ego function to another seems easier among the nondefensive functions this is not to say that defenses cannot also to some extent draw on the reservoir of various shades of neutralized energy that the system ego has at its disposal. The system ego, besides the more localized investments of specific ego functions, disposes of reserves of neutralized energy that can be shifted to points where it is needed.

In many situations that call for action it is probable that the ego draws energetic support from the id and particularly from those forces in the id which (genetically speaking) represent the precursors of the ego activity in question. In these cases there will be an increase in the amount of instinctual energy of the id discharged through the ego, in a more or less neutralized mode. As long as the ego's capacities for control and neutralization are unimpaired, this switching of id forces can proceed without interference with autonomy. There is one aspect of it which can be called regressive (i.e., the controlled regression described by Kris in 1934).

Although sublimation represents one of the most efficient means to deal with danger threatening from the drives it is hardly a defense mechanism in the usual sense. One distinction is that sublimation involves a change from instinctual to neutralized energy, whereas other defense methods do not mean a change in the mode of energy.

In respect to repression, if the broader definition of neutralization is used, then a double correlation exists while repression often interferes with neutralization, impairment of the latter can prevent the formation of stable repression as may be the case in schizophrenia.

It appears clear that neutralization plays a decisive part in the mastery of reality. The formation of constant and independent objects, the institution of the reality principle (e.g., thinking, action, intentionality) all depend on neutralization. Neutralization stands as a powerful ally to the forces of self-preservation. Besides reality testing and the mechanisms of adaptation, the synthetic functions which work chiefly with neutralized energy, share in the maintenance of self-preservation.

The possibility exists that there are noninstinctual sources of neutralized energy, that some part of the mental energy is not primarily drive energy but belongs from the very first to the ego or to the inborn precursors of what will later be specific ego functions, and perhaps also to those apparatuses that come under the influence of the ego gradually and in turn influence its development.

The best studied sources of neutralized energy are the sexual drives. Hartmann feels that normally a considerable part of pregenital impulses is sublimated but disagrees with the thesis of Fenichel (1945) and Deri (1939) that genital libido probably cannot be neutralized. It is difficult to ascertain when neutralization starts in the child but it is often traced to early frustrations. Hart (1948) has emphasized that renunciation which comes from love is more apt to promote neutralization than that which comes from fear. Reality demands and early identifications are doubtless important. Neutralization must start before the ego system and constant objects are established. Although neutralization cannot be assumed to be initiated by the superego, its secondary relations with the latter are of paramount importance, especially that aspect of the superego which Freud calls the ego ideal. This does not mean, however, that the capacity for sublimation is in any way proportional to the sublimity of the demands.

Today it is necessary to broaden the concept of sublimation in order to make it maximally fruitful for our understanding of ego functioning and for a comprehensive view of ego-id relations. The old sublimation problem (sublimation in art, religion, etc.) needs to be attacked on the basis of the newer insights which go beyond the question of the meaning and origin of those sublimations which are syntonie with the demands of the ego ideal. The work of Kris is an example of the fruitfulness of an approach based on the later and more complete conceptual framework when it is applied even in regard to those 'cultural achievements' which the original concept was meant to cover.

Consideration of problems relating to the concepts of NEUTRALIZATION AND SUBLIMATION takes ERNST KRIS (1956) from his studies on creative activity to observations on young children. The easel painting of nursery school children is used to illustrate the interdependence of drive discharge and goal displacement. The capacity to neutralize is seen as a function of both the "reservoir" and the "flux" of instinctual energy. Factors relating to natural endowment and the influence of identification and earliest object relations also occupy a significant position in the phenomena of neutralization and sublimation.

Kris refers to his book *Psychoanalytic Explorations in Art* (1952) in which he pointed to the fact that the term "sublimation" was being used to designate both transformations of energy and displacements of goal and suggested that the term 'neutralization' be used to designate the relevant energy transformations, and that the term sublimation be reserved for the displacements of goal. This terminological division would obviate confusion arising from the fact that displacements of goal can take place without neutralizing of the energy used in the activity, and that these activities can be continued when formerly neutralized energy has become deneutralized (i.e., "instinctualized," 'sexualized' or aggressivized). He had further observed that various types of activity can be examined not only according to the opportunities they offer for more or less direct discharge, but also according to the degree of neutralization of libidinal and aggressive energies which they require. Many problems of neutralization (e.g., ontogenetic aspects) can best be studied if viewed in conjunction with the influence that certain activities exert on the process itself.

The factors governing choice of activity grow in complexity as the child develops, some relate to endowment, others more specifically to the discharge of id impulses. In the case of artistic and creative activities we expect certain typical conflict constellations (e.g., the problem of rapidly changing identification may be crucial in the actor, that of coping with exhibitionism in the dancer, etc.) Clinical experience indicates that success or failure in these professions depends in part on the extent to which the particular activity has for that individual become autonomous, i.e., detached from the original conflict which perhaps turned interest and proclivity into the specific direction.

Many years ago the author proposed that the control of the primary process (and in general the control of regression by the ego) may have a specific significance for the creative process. Observations derived from the analyses of professional creators has led to the following assumption: it may be useful to distinguish between 'the permanent or relatively permanent investment of the ego with neutralized aggressive or

libidinous energies (on which secondary autonomy in ego functions mainly depends) and 'the energy flux, i.e., transitory changes in energy distribution and redistribution (such as the temporary and shifting reinforcement of sexual, aggressive and neutral energy which may occur in the course of any type of activity)' The first represents what Hartmann calls the 'reservoir,' the second (the 'flux') represents instinctual energy which may or may not be added. The capacity to neutralize is considered a function of both the reservoir and the flux, but factors related to the individual's endowment must also be taken into account. Hartmann has pointed to the possibility that the permanent investment of the ego may in part consist of energy of noninstinctual origin but stemming from the apparatus of the ego and, by its variations, influencing the investment of the ego with neutralized energy.

Observations of nursery school children throw light on the vicissitudes of creative processes. Kris reports three types of observations: (1) those dealing with the relationship of neutralization of drive energy to a specific type of activity, (2) those illustrating two contrasting ways in which identification may influence neutralization, and (3) those which indicate the possible influence of earliest object relations on the development of the capacity for neutralization.

The author examines in some detail the behavior of the two- to three-year-old child before the easel and specifically the battle against the impulse to smear stimulated by the medium itself, a battle without any clear temporal relationship to the stage of bowel training. Tommy paints a brown irregularly shaped mass in the center of the sheet, he has painted fecal matter, and calls it 'a big one.' Tommy, under psychiatric treatment for a stool retention of unusual severity, was locked in a struggle with his mother and at the same time identified himself with her. He had been aware of his mother's pregnancy, of the birth of a baby that had died when Tommy was sixteen months old and of a second pregnancy which had started when he was twenty-six months old. He turned to the series of brown themes after the dramatic witnessing of spontaneous abortion of the mother. Under the influence of this experience and his rising anxiety, the goal of displacement was lowered, and after this lowered goal had first been achieved by well-coordinated production process, deneutralization became noticeable in his painting behavior, he filled the sheets with brown while stamping and masturbating in trembling excitement.

In various ways children try to cope with impulses which, activated by the medium, become threatening. Some retreat into monochromatic drawing, others interrupt their work when temptation approaches. Those who stay with it afford an opportunity to study the methods by

which conquest of the danger of deneutralization progresses. At an early stage, the pleasure in mixing and smearing may already be combined with pleasure in interesting color contrasts, shadings, balanced shapes, and fantastic configurations. During the fourth and fifth year these configurations tend to be named, gradually the representational elements take charge. First attempts at control of the primary process can be noticed. The fantasy content becomes elaborate and the product increasingly "organized." Renunciation of direct discharge and the neutralization of energy can, as it were, be watched. The easel stands in the nursery because it is thought that instead of the sudden and "total" suppression by reaction formation of a component drive of anal satisfaction, the child should be offered an activity which, as catalyst, stimulates further neutralization. Most activities of two and three year old children are constantly threatened by a regressive trend, the breakthrough of immediate instinctual gratification is a possibility at almost any time, depending on the amount of stress and direct stimulation to which the child is exposed.

The author turns to a consideration of the individual differences which affect preference for any one activity, the range of such preferences, the degree to which the child can endure difficulties, solve problems, elaborate fantasies and at the same time discharge instinctual tension. Such questions can gain meaning only when a large set of data regarding the child and his environment is available through longitudinal study. A contrast is presented by Evelyne and Anne, both two and a half years old. Several days after an attack of prolonged terror and fright occasioned by seeing some children in Halloween masks, Evelyne paints a circle, sets in it eyes, nose, and mouth, and clearly says 'Halloween'. The skill which Evelyne displayed is only one in a broad picture of a relationship in which learning by imitation becomes part of the molding of the personality. Evelyne, who had achieved a remarkable closeness of identification with her artistic, gifted, and devoted mother, chose a sublimation which was most successful and most significant to herself, for it represented a bond with the love object.

During a period when the ambivalent relationship with her mother, which had gone through dramatic vicissitudes, was once more obscured, Anne displayed a regressive trend in the very areas in which her mother's ambitions were most marked, i.e., the mastery of language and the ability to recognize pictures. The child's speech became excited and more infantile, its use defensive, and she would anxiously go from one picture to the other in restless search for what she needed. Whereas Evelyne soiled a regression in cleanliness was too dangerous for Anne. In Evelyne the capacity to neutralize was developed early, whereas in Anne it

failed to reach a comparable stage Kris assumes that in Evelyne the permanent investment of the ego (i.e., the reservoir) is far advanced but the flux is left relatively free. In Anne the flux is well controlled but the degree of neutralization is not comparable there is something reactive and defensive about her achievements. He concludes that important sources of these differences are connected with the quality of the early relationship of the two mothers to their children and with the personalities of the mothers themselves.

Turning to his final point Kris cites the work of Mahler on psychotic children that of Spitz and the longitudinal studies of Coleman and Provence on institutionalized children and the studies by Winnicott on transitional objects in support of the general thesis that emotional deficit in child care affects specifically the capacity to neutralize. He makes the point that it is not only deficient neutralization of libidinal drives but of the aggressive drives as well that is pathognomonic. In institutionalized children the neutralization of instinctual energy presumably does not occur or does not become effective because a central love object is absent. Freud states that the child's development is largely determined by the general tendency to repeat actively what is passively experienced in infant and child care. An essential factor is the child's identification with the active mother. The study of two interacting processes (i.e. maturation and adaptive patterning in response to the mother's ministrations) might enable us to approach the question of how specific types and modalities of maternal care can be related to the development of the capacity for neutralization. Kris had viewed the opportunity for simultaneous discharge of libidinal and aggressive energies and their earliest fusion in discharge as a favorable factor but he feels that this can be but one among many.

A more comprehensive approach is suggested in a generalization of the assumptions made by Winnicott: grossly defective maternal care fails to stimulate the child's earliest mental processes. In the ministrations of the ordinarily devoted mother there is always some slight deficit in the gratification of the child's needs which is filled by the child's capacity to imagine full satisfaction. Extreme deprivation as well as extreme indulgence eliminates the incentive for such mental activity. The capacity for appropriate illusion seems to constitute one of the earliest stages in neutralization. It would be that stage which predominantly and typically depends on the interaction between mother and child and prepares the way for identification.

BARBARA LANTOS (162) WRITES ON THE MOTIVATION OF HUMAN RELATIONSHIPS. A PRELIMINARY STUDY BASED ON THE CONCEPT OF SUBLIMA

tion She asserts that the technical term 'sublimation' has become blurred by everyday usage, and has remained unintegrated into the newer structural and instinctual theories of psychoanalysis Most definitions involve the undesirable criteria of social valuation

The term was first used by Freud in *The Three Essays* (1905) to describe the repression of pregenitality, and the use of energies attached to this pregenitality for nonsexual aims of higher social character In *Character and Anal Eroticism* (Freud, 1908), certain character traits were also seen to be derived from the same process In *Civilization and Its Discontents* (1930) Freud writes that since man has a finite amount of mental energy at his disposal, he must, in undertaking the tasks of civilization, withdraw interest from his sexual life This describes the (pre)conscious shift of interest from genital gratifications to pregenital sublimations Another state of affairs occurs when the aim of the drive is shifted This mode of sublimation involves displacement and the aim inhibition of energy, and was described by Freud in *Group Psychology and the Analysis of the Ego*

There is a genetic fallacy in describing scientific research as the product of voyeuristic tendencies alone Freud was ambiguous on this question possibly because of facts in the historical growth of analytic understanding During the period of the early papers (1892-1906), sex and hunger were the two drives operating under the pleasure principle and in conflict with ego instincts under the sway of the reality principle and serving self preservation Sublimations were intermediate between the two since they obeyed the reality principle, but yielded great pleasure, like the sexual instincts Sublimations could easily be contrasted to neurotic symptoms the latter represented the sexualization of an ego instinct the former a desexualization and egoization of an id drive which then lends to the resulting ego activities the element of creative ness pleasure, and art

Because of his dissatisfaction with the first instinct theory (ego instincts), Freud presented the second instinct theory (Eros and the death instinct) and at the same time the structural hypothesis These changes tremendously complicated the subject of sublimation (for example the role of the superego) and made it necessary to describe the vicissitudes of id drives as they became ego activities Freud may have neglected this subject because of a strict adherence (based on an overcompensation) to psychopathology Later contributions such as the concepts of autonomous ego drive neutralization, etc., have now made possible a fresh approach to the problem of sublimation

In an effort to do this the author distinguishes between 'zone

specific libido which describes the pleasurable self preservative function of the organ (oral = milk = food intake) and sexual libido which is used in object relation gratification (oral = mother) Autoerotism properly belongs to the second category when the object mother can be replaced by a body part (thumb) Lantos makes another distinction ego activity (referring to the functioning of any organ under ego control e.g. bowel training) as distinct from id activity (untrained bowel functioning) Both terms are in contrast to ego functions which refer to perception memory etc

Next the author reviews the child's prolonged dependency and need for object relations to bring out latent autonomous ego and superego functions In other animals there are relatively uninterrupted instinctual sequences which provide behavior patterning and consequent early self independence An ego activity such as learning to walk requires identification with an object The introject joins the phylogenetic guiding superego and then both recede into the unconscious ego That is the function has first to be sexualized to be acquired and can then be desexualized

The author then states her major thesis Recalling the concept of primary repression her thesis is that archaic instinctual energies which are under primary repression become activated into primary ego activities and this is termed primary sublimation For example barking roaring and other animal sounds become changed to speech It is these activities that have broken loose from their original instinctual motivations which perplexed Freud since they seemed without any apparent instinctual basis In these contents of the primary repressed is found the missing instinctual basis

Sublimation can then be defined metapsychologically as occurring in two stages first infantile sexual cathexis is withdrawn from its attachment to the self preservative function of an organ which allows this function to come under ego control (secondary sublimation) The detached infantile sexual component undergoes desexualization and energizes primary ego activities which result in the sublimation of primarily repressed archaic aggressive energies This is the process of primary sublimation and occurs smoothly since there is no loss of libidinal pleasure in the process and therefore no resistance or conflict The process requires learning or one can say the child needs the object as a superego forerunner and activator of the archaic predisposition

Finally the author suggests that the source for the truly creative element in artistic and scientific work lies in the sublimation of genitality

In *THE REALITY TESTING OF THE SCIENTIST*, MARK KANZER (146) asserts that psychoanalysis seeks to become an exact science. In following this goal much of what is accepted as the rules and facts of exact science is the outgrowth of the fantasy and magical thought of scientists, coupled with their reality testing. Analysis can make a contribution to exact science in pointing this out. Science is inseparable from the scientist. Analysis of his motives and functioning is a key to scientific understanding. Freud believed that the scientist is motivated by the sexual curiosity of childhood. In a commercial culture, obsessional trends play a role in such motivation too.

The scientist philosophers of ancient Greece dealt with the problem of man and the origin of the universe by deriving theories from sexual fantasies. The views of Thales, Heraclitus, and Anaximander demonstrate this. The Renaissance revealed similar animistic and metaphysical patterns of thought concealed behind scientific terminology and objectively focused fields of research. Kepler, Copernicus, and Galileo had private qualities and biases which are as much involved in their discoveries as their discernment of objective facts. Burtt actually calls them sun worshipers, ecstatically dedicated to a mathematical ritual of devotion. The metaphors of Copernicus and Kepler reveal this anthropomorphic, animistic line of thought. The metaphors of Galileo enable us to trace the subjective elements in his scientific work. For Galileo Nature was an inexorable Superego, a stern and inscrutable mother figure, whose secrets could only be unlocked with the assistance of mathematics which he used voyeuristically. The acquisition of knowledge is a duel between Nature, an austere woman who never transgresses her immutable rules and admirable men, whose intellect triumphs over the data of physical perception. Reason rapes the senses and makes herself mistress of their credulity, in Galileo's metaphorical expression.

Newton dealt with the mathematical qualities of bodies at rest and in motion, the attraction and repulsion between them which was derived from the primal scene. Newton desexualized and dehumanized the outer world and deprecated the human qualities within himself. He identified concepts of space and time as being God, and thus saw all living creatures contained within Him, e.g., the space time continuum. Newton's description of ether, gravity, and attractive and repulsive forces of bodies seems to be a description as well of libido, sperm, and the primal scene.

The mystical, the cosmic religious experience denoted by Einstein, feelings of awe and wonder are the strongest mainsprings of scientific research.

The goal of the analyst is the establishment of psychoanalysis as an

exact science. Analysis has a contribution to make to the exact sciences in teaching us the subjective origin and uses of the codes devised for the exact sciences themselves. Therefore analysis does not merely await the verdict of exact sciences but is indispensable for their definition. Neither rules nor facts are the irreducible ingredients of a science but rather the attitude—intangible and uncertain as the universe itself—and the reality testing of the scientist.

In MUSIC AND MUSICAL INSTRUMENTS PART I the latent significance of music and musical experience is considered by A. A. DE PICHON RIVIERE and L. G. ALVAREZ DE TOLEDO (59) to be an elaboration of the voice of the mother and the re-experiencing of the relationship with her and with nature as a whole. It is the most regressive form of sublimation in the sense that it partakes of the earliest manifestations of drive in the mother-child relationship. A complete summary of this paper appears in Chapter IX, Section III.

In MUSIC AND MUSICAL INSTRUMENTS PART II A. A. DE PICHON RIVIERE and L. G. ALVAREZ DE TOLEDO (60) expand on the above theme by elaborating on the phylogenetic development of the use of the voice, noise, defenses against the feelings evoked by music and the body symbolic significance of musical instruments. A complete summary of this paper appears in Chapter IX, Section III.

By taking language as a point of departure A. CHAPMAN ISHAM (137) in THE EGO AND IDENTIFICATION formulates a concept of the ego in which he views it as subject as opposed to object. Objects are able to operate the subject. Identification is interpreted as condensation between self and object. A practical ego concept is seen in everyday language which makes a consistent and universal distinction between subject and object between *I* and *me*. Language shifts the *I* around to wherever it is the subject which does or experiences. For instance one never says *Me dreamed* but *I dreamed*. The statement *I think my thoughts* is an epitome of the ego problem. The thoughts belonging to *me* are the objects of the ego's activity while the ego is the subject which thinks. This subject is not an agent but a point of activity. Subject is distinguished from object in that the subject is the activity in contrast to the things which engender the activity or are its object. The author feels that all energy originates from objects either from the personal self or from extrapersonal objects. Hence in contrast to psychoanalytic concepts no rigid division of energy distribution is made. Freud's view of the ego is criticized in that he held at least three different viewpoints viz. the ego

was hidden behind all the objects, and included external objects other than the self, it is a passive participant obliged as an agent to find ways of release for the id forces, and it is an active agent utilizing ego instincts to control the demands of the id and superego. According to Isham, it is of no particular moment, whether the ego is active or passive, rather the ego—the I, that is—is merely the dynamic vehicle of attractions or experiences originating from the self or other objects.

Identification, a complicated phenomenon, is better defined by examples, the simplest of which is perhaps when one says, "He likes me," or the reverse. Another example is the dream which presents the person of the dreamer disguised as one or more characters of the dream such as the following: "I was on the fifth floor in bed. I heard Margaret downstairs and looked out the window. She had an enormous suitcase. She was saying, 'At last I can have my week ends to myself to do what I please.'" The woman who had this dream was naïve about dream interpretation, but immediately remarked that she herself had probably said, "At last . . ." because she was dutifully kept home by an aging and domineering parent. She added in association various similarities between Margaret and herself. By discarding the ego as an agent of identification, it is possible to see how Margaret came to be the dreamer, namely, by condensation between self and object. Isham questions the validity of the concept that regression is generally involved in identification. It could well be that the regression would apply more correctly to the types of objects or instinctual activities involved rather than to the identification process itself.

Taking issue with Freud's hypothesis that unconscious memories of historical "events" are biologically inherited, LOUISA P. HOWE (134) prefers to stress the importance of unconscious communication as a precondition for the process of identification, which accounts more satisfactorily for the social transmission of attitudes, personality traits, etc. In *SOME SOCIOLOGICAL ASPECTS OF IDENTIFICATION*, the author points to striking parallels between the views of Freud and the American sociologist philosopher, George H. Mead, to elaborate her thesis. A complete summary of this paper appears in Chapter IX, Section II.

Studying a particular aspect of thought processes, ALBERTA B. SZALITA PENIOW (273) discusses *THE "INTUITIVE PROCESS" AND ITS RELATION TO WORK WITH SCHIZOPHRENICS*. Like normal thought, intuition depends on the rapidity of connections and availability of channels of communication, and on the capacity to use visual images. The dream is the laboratory for the intuitive process. Since in schizophrenia we see

the closest illustration of *dreaming in waking life* we are in a position to observe in them the formation of thought and interferences in it. Finally the author applies these principles to work with schizophrenics.

The word *intuition* is used to fill in a gap whenever it is not possible to explain in other ways how a certain piece of knowledge has been arrived at. In colloquial speech the verbs *to see* and *to look* are more frequently used for *to think* than is the word *think* itself. On the basis of these observations and her clinical experience the author concludes that (1) all thought is produced by the process of dreaming predominantly visually and (2) sensory perceptions constantly combine the new forms through a chain of complex steps some of which are revealed to us in the recollection of our dreams. Intuitive processes are essentially the same as other thinking processes but differences occur in the rapidity of the connections and in the availability of channels of communication the latter being disturbed in pathological conditions. The use of visual images in the process of thinking varies in its effects. It may be rewarding in artistic productions or painful and inefficient as in psychotic states.

The human mind is compared to a camera provided with a laboratory that picks up the incoming pictures breaks them up into their component parts segregates coordinates and combines them into new elements stores them and uses the stored material for further thought development. These are exactly the functions of the dream states the author and are organized in both thinking and dreaming around a wish. The role of the conscious mind is to check the usefulness and applicability of incoming thoughts their inner and outer significance and their consequences and to redirect for further working through or dreaming thoughts that are not fully understood. This process starts from reality detaches itself from it and in the process of dreaming undergoes a number of changes so as to become reality again. When the connections are not evident an inquiry sets up a movement toward verification. Reliance on the inner tools is correlated with intuitive abilities. If the normally occurring continuous chain of thoughts is interfered with frustration is felt. The thought may then be said to spin around like a scratched record that keeps on repeating one part of a tune and when the interference is intense or of long duration disease may ensue.

The concepts are then applied to work with schizophrenics. In order to deal with the patient's regressed form of thinking the therapist has to be in close communication with his own unconscious. Resistance to the need to enter the dream state of the patient is inevitable. The process through which the therapist must go is very similar to the intuitive or

creative process To understand the patient, he must follow the presentation of "dreaming in waking life" "He must be able to listen to it, visualize it, develop the images, translate them into thoughts, abstract them from their immediate concreteness, interrelate them, and in turn present them to the patient in terms of the patient's reality" By way of illustration, the author discusses her work with a very sick hospitalized schizophrenic (hebephrenic) woman She was called upon to relate herself to the patient on two distinctly different levels to feel with her and to think about her There is a rapid oscillation between these two processes, from the recollection of her own experiences, visual impressions and feelings, to the selection of that which is applicable to the situation

STANLEY ROSENMAN (238), in *TOWARDS A THEORY OF THE EGO*, defines five basic areas in ego psychology and contests current formulations A series of interrelated postulates are presented with their application to the solution of ego theory, especially with respect to object relations and the sense of identity

The unresolved issues in ego theory are the relation of ego as subject to the ego as object the relation of the self concept to the concept of others the relation of one's surface self and other definitions to deeper self and other definitions (i.e., ego and id), relation of ego to character structure, defenses and emotions integration as a characteristic of the healthy ego's structure and as a product of its functioning

In the area of the ego as subject and object three postulates are stated (1) The guiding and regulating principles of the personality in its different situations are the individual's basic themes his definitions of himself, his significant others, and the interrelationships between self and others (2) The major goal of an individual is to give expression to his self-other themes (3) Just as the earliest picture of one's significant others provide prototypes to which later figures tend to be assimilated, in the same way, early self-percepts provide prototypes to which later self-experiences are united These images however, are not fixed for all time They may be changed by later experience

The key elements in the individual's experiential constellation are his self-percept his perception of his self-directed action his percept of the other, the perceived other's percept of the subject, his perception of his other-directed actions, his perception of other-directed actions to himself Character traits are overt behavioral crystallizations of dominant, and frequently depth self-other themes Defenses are regarded as self-other themes developed by the constellation of conscious self-other themes to ward off conscious recognition of a self-other representation

unacceptable to the conscious themes. An emotion is the consciousness of bodily changes that have been stimulated by an activated self-other theme. The self picture or even the entire self-other theme is then differentiated by the intake of these new data. The differentiated self-other schema may produce further additional affective responses ensuing in further changes in the schema.

Within the normal ego a multiplicity of structures may exist. (1) The individual may have a highly differentiated set of self concepts and a large number of clearly differentiated significant others. (2) There is a wide range possible for the cognitive differentiation of self and other concepts. Some individuals may have a highly differentiated set of other images and a little differentiated set of self percepts. Others may have the self percepts highly differentiated with a set of other percepts that is little differentiated. Some individuals may have a highly unified self structure or a self structure that is uniform by reason of its impoverishment. (3) Some self-other structures are pathologically sundered from a potentially single or unified self-other structure. Under these conditions an object is consciously perceived as possessing less than or more than its objective value. (4) The different and even the cleft images both of oneself and of significant others seemingly have access to an emergent internal stage. They appear capable of a mutual interaction whose plot is limited only by the confines of the human imagination.

The ego is conceived as consisting of layers of self-other themes. The self-other themes are both the driving and directive forces of the organism as well as being derivatively the style in which an individual performs. The self-observation processes and the ego as subject are in constant interaction, each developing and differentiating the other. The phenomenal world of the individual together with its derivatives is the personality rather than merely observers' clues to it. This conceptual model of the ego uses the self-other theme as a basic construct for both personal affective depth fantasies and impersonal reality-congruent surface themes and provides interesting possibilities for an interlocking with a sociological level of analysis via role theory. It appears to avoid many of the difficulties in the ego-id dichotomy and presents surface and depth as dimension continuum with many points. The theory postulates that every self-other theme tends to have energy available to it in direct relation to its dominance and preoccupation with it.

In the area of character traits this theory distinguishes surface from depth aspects of personality. It escapes the psychoanalytic confusion of identifying character with ego. The emphasis upon self and other percepts rather than erogenous zones focuses on the world of interpersonal relations rather than requiring circumlocutions to explain char-

acter. Defenses are regarded in the light of this theory as strivings by the individual to attain new and more acceptable ways of consciously perceiving himself in relation to significant others

A typology of emotions can be formulated using a series of dichotomies derived from the proposed theory. The variables are whether the significant other is a peer or authority figure, whether other percept or self-percept is dominant, whether the individual is evaluating his actions morally or competitively, whether the given self-characterization is that of being aggressive, exhibitionistic, incorporative, etc. The distinctive experiences corresponding to the individual's social roles are separately crystallized into self in relation to other representations. This is conceptualized as the nature and function of ego as characterized by multiplicity. Each self-other structure must be characterized along a number of distinctive dimensions, surface-depth, dominant-subordinate, figure background, extensive nonextensive, central peripheral, and conscious and unconscious.

B. Ego Defenses

Here we find a number of contributions to the study of repression with respect to hypnosis and amnesia, regression, parapraxes, disturbances of the synthetic functions involved in reading and spelling, and the defenses involved in failure to understand humor.

IN AN EGO-PSYCHOLOGICAL THEORY OF HYPNOSIS, LEOPOLD BELLAK (22) expresses the view that hypnosis is a special case of self-exclusion of the ego. Self-exclusion is an important and little understood ego function by which the ego is able to exclude or to decrease some or nearly all of its functions. Hypnagogic phenomena involve the exclusion of perception, for example. Problem solving involves the exclusion of all external perception except that related to the problem. Yet it is apparent from this example that many ego functions can be selectively retained.

Hypnosis is best understood as a special case of self-exclusion of the ego, the function of reality testing is excluded and delegated to the hypnotist. This is essentially a libidinal relationship which can at times be threatening. The degree of self-exclusion of the ego varies with the depth of hypnosis. A topographical regression takes place from conscious to preconscious functioning. If the self-exclusion and regression go far enough, the preconscious fantasy may acquire autonomy and the control of the hypnotist may be thrown off. Conversely, some subjects cannot be hypnotized because the ego is not integrated enough to allow the selective regression—psychotics, for example. All the phenomena produced in hypnosis are under control of the ego—recall, motility, etc.

The functions which are renounced, e.g., perception of pain are due to exclusion

Sleep involves self exclusion of the ego it differs from hypnosis only in degree. In sleep the exclusion is greater, even the contact with the hypnotist is renounced. Sleep which is geared to certain sounds the cry of a child, for example, is most like hypnosis. Somnambulism or dreaming are analogous to instances in which the preconscious fantasy acquires autonomy and results in the subject's throwing off the hypnotist's control.

In AN UNUSUAL FUNCTION OF AN AMNESIA, a case is described in which the memory of the traumatic event (the mother's withdrawal of affection) was preserved and the antecedent experiences (which by their pleasurable nature made the withdrawal traumatic) were repressed. K. R. EISSLER (72) proposes the hypothesis that defensive forces other than repression and dangers other than external ones may be involved in such amnesias. A complete summary of this paper appears in Chapter IV.

The healing aspects of regression are emphasized by D. W. WINICOTT (289) in METAPSYCHOLOGICAL AND CLINICAL ASPECTS OF REGRESSION WITHIN THE PSYCHOANALYTIC SET UP. He views this ego phenomenon as a reparative mechanism occurring during analysis in patients who because of an early environmental failure, have developed a false self based on a defensive compliance basis. A complete summary of this paper appears in Chapter VII.

CHARLES BRENNER (40) presents A REFORMULATION OF THE PSYCHOANALYTIC THEORY OF PARAPRAXES in terms of the structural hypothesis of the psychic apparatus. Freud used the concept of parapraxis to demonstrate psychic determinism and the importance of the unconscious. The dynamics of parapraxes were explained according to his topographic theory (systems Ucs, Cs, and Pcs). In 1923 Freud presented a structural hypothesis (ego, id, and superego) which is used by most psychoanalysts today. In the light of this newer structural hypothesis the unconscious activity of the ego, id, or superego, or any combination of these, is shown to initiate a parapraxis.

A parapraxis may represent a defense mechanism of the ego. An analytic patient had just become aware of her reactions of fear and shame to certain aspects of her sexual behavior and of her defense against such feelings by extensive rationalization. As she discussed how valuable this insight was she suddenly forgot the insight. In this slip of the mind the ego's repressive countertransference was directed against the superego to prevent the emergence of feelings of shame. Another patient

was unable to recall the name of an acquaintance with a deformed arm. The name was the same as that of a father figure. Analysis revealed that the repression was a defense mechanism of the ego and the counter-cathexis was directed against the id, to prevent the emergence of certain castrative oedipal fantasies.

Parapraxes may result from id impulses. A patient who calls his wife his mother is reacting to repressed unconscious incestuous wishes, which are a part of his id. Freud gave many such examples.

Superego activity may produce parapraxes in several ways. Eidelberg (1948) has shown how slips of the tongue can cause the speaker humiliation. This would be attributable to the superego. Superego demands can result in unconsciously motivated self-injuries. The superego may operate differently, without causing self-injury, by initiating an ego defense. A parapraxis causing self-injury often combines the "crime and punishment" in a single act. A patient driving her husband's car stopped so suddenly that the car behind smashed into her. Analysis revealed that she was acting out repressed hostile wishes toward her husband by smashing his car. Her need for punishment would be gratified by her husband's reaction to the smashing of the car. The same parapraxis had another determinant; the patient's unconscious sexual wishes were symbolically gratified as in the parapraxis, she was "hit in the tail."

According to JACOB LEVINE and FREDERICK C. REDLICH (1969), *FAILURE TO UNDERSTAND HUMOR* is based on the defenses of the denial of what an individual sees in a cartoon or joke, and the projection upon the cartoonist or joker of an idea ego-alien to the perceiver. A complete summary of this paper appears in Chapter IV.

G. The Superego

Here, in accordance with a current trend, we find three papers concerned with the relationship between the superego and the ego ideal.

EOMUNO BERGLER (26) describes *A FEW EXAMPLES OF SUPEREGO'S CRUELTY*. He reviews the salient points in the evolution of Freud's concept of the superego. He stresses the significance of the ego ideal, which represents "the child's own indestructible narcissism plus the introjected commands of the educators, the latter having been introjected to save the child's narcissistic defeats." The author quotes from *Civilization and Its Discontents* to illustrate Freud's emphasis on the aggressive aspects of the superego, but he feels that Freud did not sufficiently clarify this connection between the ego ideal and the superego.

The author divides the superego into the ego ideal and the Daemonian the latter containing the cruel and punitive aspects of the superego. The Daemonian refers to an internal something which is each individual's worst enemy—a cruel jailor tormentor and torturer. There is an unconscious force within the human psyche which is adverse to happiness, success, and has as its aim misery, unhappiness, and even self destruction. The Daemonian uses the ego ideal by demanding of the ego whether or not it has achieved all of the aims which the ego ideal has established for it. Guilt results from the failure to achieve these results. Bergler feels that while the ego ideal is able to cope successfully with the external conflicts occasioned by the commands of the strong educators, it is unsuccessful in meeting the inner conflicts presented by the activities of the Daemonian which uses the childhood aims of the ego ideal as a promissory note for which it demands immediate payment.

The author contributes a number of brief clinical examples to illustrate particularly cruel treatment of the ego by the superego. One case involves a dream of a patient who had undergone surgery for a malignancy. In the dream the superego accused this cancer victim of provoking by his own masochistic desires his own surgical mutilation. In another case of a patient with surgery for a malignancy the superego upbraided the ego for being a fake for trying to fool himself when he should know that his case was really hopeless, and for really being responsible for his own fatal illness. In a final note Bergler refers to the case of Socrates who expected and desired death. This was shown by Socrates' behavior at his trial and his rejection of his friend Criton's offer to help him escape.

SAMUEL NOVEY (201) in *THE ROLE OF THE SUPEREGO AND EGO IDEAL IN CHARACTER FORMATION* asserts that the development of ego psychology and the increased understanding of character structure necessitates a change in our concepts of the superego and the ego ideal. These concepts should be separated from each other. The ego ideal should be defined as that particular constellation of introjected objects whose functional operation depends on standards acquired later than the oedipal superego but having its roots in pregenital narcissistic defenses against anxiety. A complete summary of this paper appears in Chapter IV.

LILLY OTTENHEIMER (206) in a paper *ON THE NATURE AND EARLY DEVELOPMENT OF THE EGO IDEAL* presents some ideas on the origin of the ego ideal, its early manifestations, its relationship to the superego, and its function in the organization of the mind.

When he introduced the concept, Freud conceived of the ego ideal as derived from the primary narcissism of the child—an agency of the mind which receives the libido not utilized in object cathexis. This concept was superseded by that of the superego, but the author believes that the two differ in origin and in mode of functioning. She thinks of the superego as a group of techniques for staving off harm from people in the outside world and methods of gaining access to their resources. The ego ideal, on the other hand, is oriented toward making itself independent of those agencies which the superego tries to guarantee. It is possible for an ego ideal to be in keeping with the demands of the superego. For example, anxiety-guilt, which would be an admission of helplessness or dependence, is inconsistent with the ego ideal and therefore prohibited acts must not be carried out. However, ego ideal and superego are different and incompatible in the case of the criminal or delinquent, whose ego ideal portrays a power ridden superman for whom law and order do not exist. Guilt results from nonconformity to the superego's demands, humiliation and self loathing from nonfulfillment of the ego ideal.

Since the ego is judged on the basis of its capacity to obtain gratification from the environment, the ideal ego would be one which never fails in this task, a requirement which would demand independence of the environment, i.e., omnipotence. In pursuit of its goal the ego ideal must develop resources of its own and assist in the attempts at mastery by the ego. It serves throughout life, therefore, as a defense against helplessness and injury to self-esteem. These feelings arise when separation of the self from the external world results in disturbance of primary omnipotence and recognition of the external world as a source of need fulfillment. Since such separation and awareness of dependency are prerequisites for the formation of the ego ideal, it is logical to assume that the primitive ego ideal is established almost simultaneously with the emergence of self-conception during the nursing period and is modeled on the all powerful environment—the mother. Because of the early age at which the ego ideal appears, it must be a body ego ideal which only later is translated into an abstract idea. For the small child the gigantic figure of the mother represents a model for this body ego ideal. The mother's breast, the most significant perception to the child, may become a model for attributes with which the child endows his actual body image.

The case of a homosexual who reacted with pride instead of guilt when discovered by his mother in the act of masturbation is presented by the author to illustrate several points that the patient was acting on

behalf of an agency other than the superego to show a certain type of body ego ideal to demonstrate how homosexuality shielded the ego ideal from reality testing and how the ego ideal operates in interpersonal relationships

Based on her own clinical material and a reinterpretation of certain observations by Lewin and Isakower Ottenheimer conceives of the child's self-conception as a dark space. As such it is a topographical expression of a need with the form representing a function. The ego ideal she says is excluded from conscious awareness in accordance with the pain-pleasure principle because its very formation is connected with the painful awareness of one's own helplessness and inadequacy.

The repudiation of femininity by both sexes can be explained she believes by the fact that male and female children alike form the ego ideal as a defense against injury to self-esteem. This ego ideal always portrays the owner as provided with the organ that supplies and has the power—the breast or its equivalent the penis. The vagina is felt as the mouth of a baby who needs but cannot give in accordance with the earliest self-conception. Since the penis may represent the displacement and transformation of the mother's breast the woman is helplessly dependent on it for satisfaction and her body ego ideal is adorned with a penis. The fixed idea of many women patients of once having actually possessed a penis is most likely the memory of the ideal body ego which was once visualized in the mind's eye in hallucinatory fashion and hence is comparable to a *déjà vu* phenomenon. Any interpersonal relationship in later life—e.g. the sexual—in which fulfillment of needs depends on another human being is felt to be a humiliating situation revealing one's own inadequacy and recalling the hurt to self-esteem of the nursing situation.

In neurotics instead of being a helpmate to the ego the ego ideal may become a whiplash egging it on toward an impossible goal. The ego ideal is to be considered faulty if it makes impossible demands or if the particular individual is incapable of meeting usual goals. Through out life however the primitive ego ideal of omnipotence is gradually modified to one more consistent with the potentialities of the ego changing from the unattainable to the possible or almost possible. In dependent activity and achievement even thumbsucking lead to alterations in the ego ideal as do also the formation of the superego the feelings of the parent toward the child and its place in the family situation traumatic incidents and other experiences in later life. It is capable of modification by analytic treatment but in modified form remains throughout life supplying motive power and direction to behavior.

CONCLUSION

Once more we find that instinct theory lags far behind advances in ego psychology. While a panel discussion reveals that the libido aspect of it is under critical discussion, no significant contributions appear in this area, whereas there is a multitude of contributions to ego psychology, especially in the nature of studies in early ego development and in the theories of neutralization and sublimation, especially those by Hartmann and Kris. The work of Spitz on the origins of perception, fear, and anxiety is noteworthy. Research in motility patterns, hitherto sparse, is reflected in a contribution by Mittelmann. Attempts at unifying the theory of anxiety are pointed to by Zetzel, and reflected in papers by Rangell and Blau. The hitherto neglected study of pain is taken up by Szasz, especially in its relations to the ego. A sharpening of attention to various aspects of ego function, resulting in continuing refinements in its understanding, is apparent in numerous papers. Finally, increasing concentration on the problem of the ego ideal results in the appearance of several contributions to this subject.

Chapter IV

CLINICAL STUDIES

JOHN FROSCH M D

The perennial difficulty in grouping articles in logical fashion under this chapter heading is greater than ever for the year 1955. For want of a truly consistent scheme of classification we are still obliged to utilize the traditional nosological categories even when it is most difficult to decide upon the proper place for a particular contribution.

Most of the papers fall into the following main groups

- I Neurotic Syndromes and Symptoms
- II Psychotic Syndromes and Symptoms
- III Characterological Studies
- IV Somatic Disorders
- V Disorders of Impulse Control

I NEUROTIC SYNDROMES AND SYMPTOMS

This section is characterized by a paucity of contributions to the classical neurotic syndromes reflecting a trend which has been in evidence for the past few years. The papers on neurotic symptomatology display a heterogeneity which almost defies grouping. A number of papers examine the defensive aspects of phenomena which in themselves are frequently the object of defense such as incest etc. Some of the papers concern themselves with occupation and recreation while another group takes up symbols and fantasies.

Turning to the syndromes we encounter a paper ON SO-CALLED DEPERSONALIZATION by ANDREW PETO (222). The author feels that depersonalization phenomena in clinical experience in the transference in the course of normal development and as illustrated in folklore all refer to a common basic process. It is a phase of diffusion of the two

and the defensive stage of coping with the loss through integrating the lost object into the ego

Depersonalization is a state through which the psyche has to pass whenever energies are diffused and displaced. It marks the phase of mental activity when the libidinal and death instincts become defused and it therefore occurs in the course of every psychic activity not involved in direct libidinal gratification.

Brief mention may be made to a paper, *THE DIFFERENCE BETWEEN PHOBIA AND ANXIETY HYSTERIA*, in which S. BIRAN (34) presents the view that phobia and anxiety hysteria represent two psychoneurotic syndromes which are completely independent from each other. They are of contrary dynamic significance, the former being instrumental on behalf of rejecting forces, while the latter acts on behalf of rejected wishes. The common formative principle underlying anxiety hysteria, anxiety dreams and biphasic destiny neuroses is the fictitious hypothesis of a split personality.

GEORGE GERO and DAVID L. RUBINFINE (104), in a paper *ON OBSSIVE THOUGHTS*, inquire into the underlying mechanisms of obsessive symptoms by studying the obsessive fear of killing a child. The authors believe that this dread is a paradigm for other obsessive symptoms. With this as a basis they propose that to the usual obsessive-compulsive neurosis be added another syndrome—the phobic-obsessive-compulsive group—because phobic reactions usually enter into their symptomatology.

Their thesis is illustrated by the analytic investigation of a woman in her late thirties whose neurosis became manifest a short time before she started treatment. A number of brutal experiences with men caused her to renounce sexual association with them, and in her twenties she found masturbation an outlet for her yearnings. Masturbatory activities came to a sudden end, however, after she attended the funeral rites of a woman friend who had been killed in a bicycle accident and whose face seemed to her to have been badly bruised. She was seized immediately by fear of dying and slashing her wrists. Some days later, while taking care of her sister's children, she experienced for the first time the fear of harming them.

The analysis of this patient revealed that the obsessive fear of killing a child was the outcome of an unconscious masturbatory fantasy. A large quantity of evidence adduced from the study of dreams, conscious fantasies, associations, transference reactions, and symptom sequences helped in the reconstruction of the fantasy, which on the level of the primary process showed all the characteristics of unconscious psychological phenomena: that is, condensation, distortion, displacement, and contradic-

basic instincts that occurs in mental activity that is not in the service of immediate drive gratification. It is a repetition of a universal human experience, that of the baby who loses the nipple from his mouth.

Depersonalization has been considered by some analysts a defense mechanism to ward off anxiety, others regard it as a symptom, its origin leading back to definite infantile traumata. The author is of the opinion that it is neither a defense nor a symptom but rather a product and manifestation of the operation of a defense or of the formation and maintenance of a symptom.

He cites several clinical examples of depersonalization. One of these, that of an unmarried woman with anxiety states and depersonalization experiences since preadolescence, afforded insight into the multiple meanings of the phenomenon. The symptom meant escape from frustration by denial of suffering; it meant denial of hate because of fear of retaliation by the bad absent mother; at the same time it meant loss of the self in complete surrender through loving unification with the mother in sleep. In the transference situation, the patient fantasied that the analyst was inside her and she inside him, giving rise to the feeling that they were wrapped into each other. Her oral, anal, and phallic fantasies of having killed her mother led to a feeling that she herself had become dead, unreal, and without identity.

There is fairly general agreement that splitting is the main mechanism that operates in the process of depersonalization. Those ego parts that are repudiated and threatened by the superego suffer a decathecting of libido which is felt by the patient as strangeness and emptiness. In addition, the libido is always withdrawn from some part of the external world and if the decathexis is extensive, the narcissistic regression is felt as derealization. In all instances of depersonalization, there is deep regression to archaic ego stages, the boundaries of the body ego become disturbed, the differentiation between the self and nonself becomes impossible.

Depersonalization represents the revival of experiences from earliest infancy when everything was vague, ambiguous and anxiety provoking. It points to difficulties in primary mother-child relations. The mother's prolonged absence or inconsistencies in feeding may lead to withdrawal of libido and to ensuing states of anachitic depression as Spitz has shown. Transference phenomena prove that this depression is bound up with the operation of aggression. The biological pattern, as well as the traumatic experience which promotes defusion, occurs at the moment when the baby loses the nipple from its mouth. The defusion of instincts is an inevitable transitory phase between the trauma of losing the object

and the defensive stage of coping with the loss through integrating the lost object into the ego

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Brief mention may be made to a paper, *THE DIFFERENCE BETWEEN PHOBIA AND ANXIETY HYSTERIA*, in which S. BIRAN (34) presents the view that phobia and anxiety hysteria represent two psychoneurotic syndromes which are completely independent from each other. They are of contrary dynamic significance, the former being instrumental on behalf of rejecting forces, while the latter acts on behalf of rejected wishes. The common formative principle underlying anxiety hysteria, anxiety dreams and biphasic desunary neuroses is the fictitious hypothesis of a split personality.

GEORGE GERO and DAVID L. RUBINFINE (104), in a paper *ON OBSSIVE THOUGHTS*, inquire into the underlying mechanisms of obsessive symptoms by studying the obsessive fear of killing a child. The authors believe that this dread is a paradigm for other obsessive symptoms. With this as a basis they propose that to the usual obsessive compulsive neurosis be added another syndrome—the phobic-obsessive compulsive group—because phobic reactions usually enter into their symptomatology.

Their thesis is illustrated by the analytic investigation of a woman in her late thirties whose neurosis became manifest a short time before she started treatment. A number of brutal experiences with men caused her to renounce sexual association with them, and in her twenties she found masturbation an outlet for her yearnings. Masturbatory activities came to a sudden end, however, after she attended the funeral rites of a woman friend who had been killed in a bicycle accident and whose face seemed to her to have been badly bruised. She was seized immediately by fear of dying and slashing her wrists. Some days later, while taking care of her sister's children, she experienced for the first time the fear of harming them.

The analysis of this patient revealed that the obsessive fear of killing a child was the outcome of an unconscious masturbatory fantasy. A large quantity of evidence adduced from the study of dreams, conscious fantasies, associations, transference reactions and symptom sequences helped in the reconstruction of the fantasy, which on the level of the primary process showed all the characteristics of unconscious psychological phenomena, that is, condensation, distortion, displacement, and contradic-

tions totally foreign to secondary process thinking. In other words, the energy of the sexual drive and its mental content were transformed, in the neurotic state, into symptoms one of which was the fear of killing a child. In this case the symptom represented the most thorough disguise of the fantasy and at the same time the complete withdrawal of libidinal cathexis.

The authors state that in order to understand symptom formation in obsessional neurosis repression has to be understood as a mobile process. Mobility of repression indicates that parts of the sexual drives and fantasies underlying the obsessive symptom are perceived consciously at times. Whenever an obsessive symptom is formed, the partial repression, which allowed limited discharge in fantasies and masturbatory activities, is replaced by total repression. As libidinal cathexis is completely withdrawn the sexual character of the symptom is not recognizable to our patients. At the same time object-directed fantasies are transformed into narcissistic ones, and object relations are replaced by identifications.

The terminology obsessive compulsive neurosis is based on the clinical observation that most cases present a mixture of compulsive and obsessive features. The authors suggest that to this group can be added another type designated the phobic-obsessive-compulsive cases because phobic reactions usually enter into their symptomatology. While the mixed types are probably more frequent, there are also types producing predominantly either obsessive thoughts or compulsive rituals. These differences may be accounted for by assuming that they are due to different drive structures or different defenses.

The authors believe that it is easy to determine the basic drive structure of the obsessive. Its pattern is rooted in the phallic phase and its dichotomy is not simply passive or active but male or female. The former is identified with sadistic, and the latter with masochistic impulses and fantasies. The fixation point is on the bisexual level. They wonder whether the drive pattern of the compulsive group is different in that it is more anally and regressively oriented.

Furthermore, they do not believe that other defense mechanisms replace repression in the creation of symptoms in a compulsive neurosis. They assert that repression is the central defense mechanism in this neurosis. Isolation and undoing are only supplementary defenses. Magic thinking and acting play a part too and indicate a deeper regression. They hope that further studies will clarify this problem.

Continuing the examination of phobic symptomatology, ELIZABETH LOWENHAUPT (181) in *TWO CASES OF CHICKEN PHOBIA*, presents cases of

two young men in their twenties, who sought psychotherapy for potency and dependency problems and who revealed longstanding chicken phobias. In both cases there were strong feminine identifications and severe castration anxiety. There was an identification with the helpless chicken being killed (castrated) and the fear of the cock or chicken, who is identified with the castrating father.

The only two other cases of chicken phobia reported in the literature by Ferenczi and Deutsch are noted. In all these cases the phobia increased at the peak of the oedipal conflict and again in adolescence.

The general acceptance of the cock as a phallic symbol in many cultures is noted. Their use as totem figures in religious observances is also reviewed, the cock being seen as a totem substitute for the primal father, who is murdered annually, as well as of the repentant son. It is suggested that the totem use of the chicken is dependent in part on the equivalence of cock and penis.

A fascination for the out-of-doors and related phenomena is discussed by I. PETER GLAUBER (106) in *ON THE MEANING OF AGORAPHILIA*. This paper is the continuation of some theoretical formulations developed in two previous papers in which the author observed certain consequences attendant upon the attempt to undo archaic identifications with the omnipotent part or total mother, especially with her breast or unconsciously fantasied phallus. These attempts were experienced as a rebirth, often accompanied by separation anxieties and agoraphobic reactions, whereas the reactions to the sense of oneness with the mother were claustrophobic. Clinging between mother and child was felt by the patient to be due to the bad devouring mother, and separation was allowed by the good mother. During the attempts at separation the mother was felt to have been sacrificed. From these intrapsychic conflicts emerged the phenomenon of necrophilia in which the mother, who is loved and feared as a corpse, was first introjected and then ejected.

The data lead to sequences that have several links. The first is that identity with the mother leads to claustrophobic, and separation to agoraphobic, reactions. The second represents a counterphobic defense by means of necrophilia. The third, which is the subject of the paper, is a derivative of necrophilia. The love of the 'dead' mother and the need to master the fears arising from this separation become the love of, and triumph over, dead Mother Nature. The author calls this phenomenon *agoraphilia* and considers it a wish for symbolic birth or rebirth. A fascination for the out-of-doors, the love of viewing ruins, an inordinate desire to climb mountains, or obsessive preoccupation with fantasies regarding these activities are regarded to be agoraphilic.

The author believes that agoraphilia is a derivative of necrophilia. It does not arise from agoraphobia. Incestuous anxiety is not the central problem in this mental state. That problem is the final dissolution of the primitive identification with mother. Necrophilic fantasies and acts have a similar aim but are not adequate to the task.

VICTOR H. ROSEN (235) reviews the literature on symptomatic disturbances of reading and spelling and presents a case report on STREPHOSYMBOLIA. AN INTRASYSTEMIC DISTURBANCE OF THE SYNTHETIC FUNCTION OF THE EGO. The patient, who early associated his father with visual activities and his mother with auditory functions, conceived of them as two separate, unloving people. The genesis of the disability may have been in the precocious maturation of those ego sectors involved in visual and auditory perception so that they became embroiled in the oedipal conflict at a crucial stage in their development. Their synthesis became invested with primal scene significance and was thus interfered with.

The author attempts to demonstrate that strephosymbolia is a failure to synthesize the phonetic qualities of a word with its visual elements, and that this disturbance resembles a phylogenetic phase in orthographic evolution, i.e., the transitional stage between ideographic scripts and the syllabary alphabet.

The patient, previously reported in a paper on mathematical illumination,¹ was a twenty-one year-old graduate student of mathematics who came to analysis because of his inability to form lasting relationships with women and because his reading and spelling disability threatened to interfere with the fulfillment of his academic ambitions. He was a very sensitive child with marked intolerance of strong auditory and visual stimuli. Tests revealed that his reading and spelling difficulties began in the third and fourth grades. Tutoring in these subjects began in the fifth grade and continued in college. The diagnosis of strephosymbolia was made in the fifth grade. At nine he could do complex computations with a slide rule. His mathematical ability was not noted until the eighth grade, he mastered geometry and algebra rapidly. Accompanying this was a striking character change from a shy and timid child to one assertive and even overbearing.

The patient's mother was a poetess and music lover, who utilized her son as a listening post to compensate for his father's inadequacy as a companion. This went to such lengths that at times the patient heard only her tones and inflections and not the content of what she said. The father was a man 'closeted in his study, whose profession was connected

¹ See *The Annual Survey* Vol. IX pp 126-127 1953

with a microscope. When the patient was eight his father suffered a detached retina of one eye. When he was fourteen he developed a visual disturbance diagnosed as *drüsen* due to opacities in the vitreous humor. The patient's scopophilic impulses were related to *pavor nocturnus*. His first dream in analysis represented the wish to see his father's penis. Thus the father was associated with ideographic processes where as mother was represented in the sphere of auditory integrations.

Rosen discusses the theories of various workers in the fields of neuro-anatomy and pathology and experimental and educational psychology regarding the etiology of strephosymbolic disturbances. He presents data showing the evolution from pictography to phonetic concepts. Pedagogy is aware of the analogous stages in the learning process of the child in regard to reading and writing from pictography to phonetic concepts. Relevant to the case described is the similarity between the transitional character of the patient's reading and writing pattern and similar transitional phases in the evolution of the written word. The patient's errors in reading and spelling can be understood as alternating attempts to reproduce or understand the word either purely as a visual configuration of symbols or as a phonetic sequence of syllables.

The patient's development of ideographic ego functions was intact as well as those functions which are elaborated upon the auditory sphere and have a purely phonographic pattern. Why then should his defect show itself in that one area of ego functioning where a high degree of integration between ideographic and phonographic symbolization is required? The present thesis suggests that these functions as long as they can be utilized separately, fall within the sphere of ego functions utilizing neutralized energies, or what Hartmann has also called 'secondary autonomies', but that in combination they become invaded by the primary process and fall victim to the patient's basic conflict.

To explain the failure of synthesis of these two ego-apparatus functions identified with the separate parents Rosen suggests, in keeping with ideas suggested by other authors that there was a precocious development of the patient's ideographic and phonographic functions. He further suggests that a maturational phase for synthetic auditory and visual functions—the so-called 'reading readiness' stage which usually arrives in the latency period—would in this patient have been ready to function at the height of the oedipus complex, during the period of his *pavor nocturnus*. He proposes that the maturation of certain ego apparatuses is the *sine qua non* for the child's acquisition of specific intellectual functions and that although these maturational phases usually coincide with certain stages of libidinal development, one is not necessarily dependent on the other. The 'reading readiness' stage is according to

Rosen, a variable maturational phase of the synthesis of verbal auditory and visual ideographic ego functions characterized by the appearance of the child's capacity to grasp the concept of phonograms. By precocious development it may become involved in the oedipal conflict and thus fail to become part of the 'conflict free sphere' as would be expected under average conditions.

In *MECHANISMS IN DEPRESSION*, JACOB O. S. JAEGER (140) gives particular attention to such factors as the interplay of ambivalence, excessive narcissism, guilt feelings, and the ego-superego conflict. Jaeger feels that depression is an affective state representing instinctual conflicts and the anxiety aroused by them, or a defense against such conflicts. Primal depression is exhibited by infants who are deprived of parental love. Abraham differentiated between grief, a normal reaction to the loss of a love object, designed to facilitate the process of mourning and depression, which is connected with a disturbance of the libidinal relation to the object. In depression a great deal of the ambivalent feeling is turned against the ego.

Weiss explained the problem of depression as a reaction to an innate need for mastery of the self and the environment. When such mastery is threatened by strong emotional stimuli (loss of a loved object) preformed ego defenses such as denial and withdrawal of cathexis are mobilized. In this weakened condition the ego is further threatened with eruption of repressed impulses and is forced to regress to earlier stages of integration. A severe depression is a full regression to the oral stage and may extend even beyond this to that of an archaic objectless vegetative psychosis. Individuals with excessive narcissism who make their object choice on a narcissistic basis are always vulnerable to the loss of a love object. They require immediate substitution for the lost object. They make strong bids to influence the environment to furnish them with narcissistic supplies although they have no real interest in others.

To demonstrate how identification with an ambivalent object functions in a depression, the author describes a patient who was strongly identified with her mother and absorbed the ambivalent feelings toward her. This identification was a defensive identification with the aggressor and contained latent homosexual and aggressive tendencies. This life plan of the patient served a twofold purpose: protection from her mother and revenge on her. These repressed impulses aroused feelings of guilt which were expressed by the patient through her depressions and self-deprecatory attitude. The introjection of ambivalently loved objects is a gratification of repressed oral-sadistic impulses with cannibalistic fantasies. Such gratification brings the superego into conflict with the ego.

and arouses feelings of guilt. In such cases the ego regresses into a depression which represents a desperate attempt to gain forgiveness and love from the introjected object as well as an attempt at atonement and bribery of the superego. If this is not obtained the loss of self esteem is complete and the erotic instincts may be overwhelmed resulting in a suicidal attempt. Suicidal attempts may represent an extreme submission to self punishment or a supreme rebellion and murder of the introjected hated object. The author concludes that further research on depression is needed because of the still unanswered questions of why and when a patient attempts suicide.

We now turn to a group of papers dealing with neurotic symptomatology.

EDMUND BERGLER (25) in *A CONTRIBUTION TO THE MULTIPLE MEANING OF PSYCHOGENIC PHENOMENA* points out that identical symptoms may have completely different and even contradictory meanings. This follows from the paucity of organs and symptoms at the individual's disposal and the infinite variety of unconscious defenses.

Two cases of professional pianists are presented to illustrate the phenomena. One was inhibited when playing for an audience but was quite free when playing at home. The other was able to play before audiences but unable to practice when alone at home and would soon fall into sexual reveries which frequently led to masturbation. In the first case there was a pseudo-aggressive defense against her masochism which was confirmed when the patient admitted that her difficulties were limited to piano pieces and not to forte pieces. In the second case similar material was uncovered. The masturbation fantasies were found to be thinly disguised masochistic ones. These could be excluded in her public performance where she could prove to her conscience that she was merely doing a rational culturally accepted thing i.e. playing the piano.

Exhibitionism was the savior for the second patient and the pitfall for the first patient. Because in the first one the exhibitionism was so overmortgaged with early guilt connected with sadomasochistic games (which she performed in public) it became secondarily useless as a defense. In the second case the fantasies were private and never directly displayed.

Pursuing his well known interest in the oral substratum of symptoms EDMUND BERGLER (27) in *G. BOSE'S PSYCHOLOGY OF SMELL AND A CASE OF STINK NEUROSIS* examines a case of flatulence and feels that the anal phases of this symptom could be understood only by a careful study of

the underlying oral features. This symptom served to deny both the patient's fantasied phallic castration and her fear of being masochistically devoured by her mother. The patient was a woman in her mid twenties who feared she could not control her intestinal gases and then might make an "olfactory spectacle" of her self. Her concept of procreation was an anal one. A virgin, she not only thought that sexual intercourse was accomplished anally but that the children were born via the anal passages. In her childhood the patient had played a competitive game with one of her sisters in which they "gave birth" via defecation.

Bergler examines the transition from the emphasis on feces to that on flatus. He points out that in producing such enormous amounts of gas the patient "kills four birds with one stone" (1) She "nullified mother's superiority in producing a child every ten months" (2) She denied her phallic castration by producing a "flatus penis" (3) She established a 'cannibalistic attitude toward her own anal children' by breathing her own flatulence. "she 'devoured' her own products" (4) 'By using flatulence as an aggressive weapon against the environment' she counteracted her main inner conflict: masochistic fear of being devoured by mother."

The patient's earliest sexual fantasies were of a woman, under violent protest, drinking a man's urine or eating his feces. These fantasies derived from the suckling mother and sucking baby. In the oedipal period these fantasies emerged when the patient, confronted with her mother's power, 'demoted' the latter to the role of the weak and overwhelmed victim and made the father into the aggressor and torturer.

The author feels that this patient demonstrated the validity of G. Bose's (1921) observation that odors which are in themselves obnoxious are more than acceptable in disguised form, especially in foods, and particularly when the associations to the original unacceptable products are sufficiently remote. Thus the patient detested every smell even remotely resembling that of feces but in food forms, such as chocolate, she not only appreciated it but even loved it.

The papers in the next group select certain phenomena for examination in some instances instinctual derivatives, and discuss their defensive components.

In the first of these, **FOREPLEASURE: ITS USE FOR DEFENSIVE PURPOSES** RALPH R. GREENSON (115) tries to demonstrate that although forepleasure is normally devoted to the gratification of various pregenital aims which lead to genital sexual fulfillment and end pleasure, it is also frequently used for defensive purposes which may lead to disturbances in the sexual

act. Study of the data of forepleasure is therefore valuable not only to understand potency disorders but also defensive mechanisms and ego disturbances. He illustrates his thesis under several rubrics.

1 *Aberrations in the Relationship between Forepleasure and End Pleasure* (a) *Overemphasis on forepleasure*—An obsessive-compulsive young woman always insisted during sex play that her partner simulate her clitoris manually until she had a small orgasm. Only after that was she able to continue with vaginal intromission until she had another small orgasm. Many of the overdetermined meanings of this behavior were analyzed without having any effect on it. Since one of her fears was that in a massive orgasm she might lose control of herself, the author asked her to try to restrain the clitoral orgasm. On the following day she complied. During intercourse her excitement mounted to such a pitch that she bit her lover on the shoulder so badly that he needed medical attention. The evidence indicated that her phallic forepleasure activity served to ward off her hostility toward the male which was based on penis envy.

(b) *Omission or separation of forepleasure from end pleasure*—Many patients avoid forepleasure because to them sexual relations are fraught with serious consequences or are concerned with health or duty. One of the author's patients would respond to his wife's flirtatiousness with the question, "Do you mean business?" By that he meant end pleasure. To such people foreplay may mean frivolity, play, pregenitality, masturbation, or the opportunity to fantasize another being in the act.

2 *Aberrations in Regard to the Role of the Sexual Partner* (a) *Use of the partner for reassurance*—Many people use foreplay to obtain reassurance from the partner for their pregenitality and to avoid anxiety, guilt, shame, and loss of love. Although this may lead to orgasmic potency, it may also fail. Some men require the partner to fondle the penis and insert it in the vagina. This need not only be pleasurable but may also serve as permission to have genital sensations as reassurance against rape fantasies or as an attempt to relieve guilt. The same is true of the need for clitoral stimulation in women. Oral stimulation by the partner may be necessary to allay narcissistic anxieties.

(b) *Disturbance in empathy*—There are people who have orgasms during fellatio or cunnilingus at the point where they imagine their partners to be having one. These people have identifications with the opposite sex. This heightened empathy in the male can be traced to castration anxiety and in the female to unresolved penis envy. These people often have other serious ego disturbances.

3 *Forepleasure Activities as a Means of Enacting Fantasies*—A case is reported of a henpecked, compliant, passive male married to a

woman who was envious of man's role in society and who constantly reproached her husband for not giving her enough money, clothes, luxury, etc. During foreplay he regularly engaged in the same unvarying rituals which on analysis revealed that he was trying to appease his wife's hostile castrative attitude, of which he was aware in other connections, but not in the sexual situation.

Pursuing study of the defensive aspects of instinctual derivatives, LILLIAN GORDON (109) in *INCEST AS REVENGE AGAINST A PRE-OEDIPAL MOTHER*, states that in certain cases which come to analysis with manifest oedipal behavior, the latter is likely to be evidence of the strength with which some other, less tolerable impulse is warded off. In the case described, the patient acted out incestuous behavior, primarily as revenge against her rejecting mother, and as defense against her masochistic dependence on her.

The case described is that of a twenty year-old woman who had succeeded in seducing her first analyst, a young man, and who was finally sent to a female therapist. The initial picture of open seductiveness with men and her violent attitude to the female analyst, along with much unconscious material, seemed to point to the strength of the oedipus complex. There was much sexual acting out with men, involving feelings of dependency, rejection, humiliation, exhibitionism, prostitution and shame, leading to some kind of punishment. The vengeful acting out seemed to be directed at the father for his rejection of her. The material, however, soon shifted with the patient experiencing the therapist as a refusing mother. Her sexual behavior was then seen as a way of shocking her very prudish and rejecting mother, but in a masochistic way. The significant birth of a brother when she was three, the heightened penis envy, and the blaming of the mother for the lack of a penis played a major role in her delinquent behavior. She felt that her mother fed her brother and father at her expense. She used the oedipal relationship to get her revenge. The father was rather seductive to the patient and used her in many ways as a substitute for the mother, with whom his relationship was very poor and whom he later divorced. In a very real sense the patient won out in the oedipal rivalry. In this instance, the successful affair with father did not lead to a successful love life in later years because of the earlier masochistic attachment to mother. The wish for father was really a wish to take his penis, so that her mother would feed her rather than the father and brother. She used the man to get to the woman. This was clearly repeated in her dreams and in the transference.

In the course of the treatment the patient was enabled to relinquish the masochistic attachment to her mother and to develop genuine

oedipal rivalry in contrast to the previous defensive rivalry. The oedipal wishes were so little repressed that the possibility of psychosis had to be considered. However, it could only be acted upon because it served as a defense against the masochistic attachment to the dangerous preoedipal mother. The hostility toward mother which could be expressed in this way served as defense (pseudo aggression) against the underlying self destructive attachment to the mother.

LEO RANCELL (227) in *THE ROLE OF THE PARENT IN THE OEDIPUS COMPLEX* presents phenomena elicited by children in parents due to residua and derivatives of the parents' own unresolved oedipal problems. These usually become clinically visible when the children emerge from adolescence and become more obvious overt sexual objects. Often the marriage of a child is the starting point for neurotic symptoms in the older adult. Classically the parent is drawn to the child of the opposite sex with an unconscious hostile rivalry with love objects chosen by the latter.

Clinical variations of the classical situation bring forth phenomena like (1) middle aged men marrying young girls (2) mother in law rivalry with daughter in law (3) manifestations involving the rivalry side of the oedipal triangle—competitive jealousy from the parent toward the child of the same sex. The victorious one is he who at least in the mind of the other is at the age of most satisfaction of instincts—roughly the third or fourth decades.

Therefore the oedipus complex is to be seen as a constant dynamic factor operating through various phases in the life of the human being. Early in life the complex emerges and is relatively quickly solved. From then to young adulthood the subject is at the infantile point of the triangle looking forwards and upwards (to higher age levels) for eventual gratification. In the third fourth fifth decades the striving for satisfaction is less distorted and directed toward one's contemporaries. In later life frustration and revived longings may occur as described—the individual now looks backwards and the child is the object. This too must be solved by renunciation and here too identification is used and gives rise to healthy derivatives—a satisfaction in vicariously reliving fruitful current lives of children and later of grandchildren.

The defensive aspects of memory and perception are examined in the next two papers.

In *AN UNUSUAL FUNCTION OF AN AMNESIA* K. R. EISSLER (72) presents the case of an unusual childhood amnesia in which the memory of the

traumatic event (the mother's withdrawal of affection) was preserved and the antecedent experiences (which by their pleasurable nature made the withdrawal traumatic) were repressed. The author proposes that defensive forces other than repression and dangers other than external may be involved in such amnesias and ventures some theoretical and prognostic formulations.

A patient in analysis reported, "My mother did not spend any time with me when I was a child." This was blatantly contrary to the objective evidence she received from others that her mother had devoted most of her time to her upbringing and went to work only after the patient had reached an age when longer lasting daytime separations are usually tolerated by a child. She appeared to suffer from a simple amnesia covering the period when she received her mother's affection profusely. With this repression she gratified the resentment which she had felt against her mother for the withdrawal of a gratification formerly accorded her so profusely. Not only did the amnesia serve to deny that she had suffered a trauma, but it also permitted experiencing the world as one in which no trauma can occur.

The patient's description of the amnesia was really that of a screen memory with a negative content. The author asks whether most childhood amnesias are not comparable to corruptions of an original text rather than to omissions of words and suggests that other mechanisms than repression may participate. Eissler suggests that there is an ambiguity today in the use of the term repression due to the fact that on the one hand it signifies the mechanism by means of which a psychic element is removed from consciousness (or the ego), and on the other it refers to the state such elements are in after their removal (i.e., the condition of being repressed). He proposes a differentiation between the mechanism and its effect.

Eissler questions whether it is always so that the main motor of repression leading to childhood neurosis is anxiety over an external danger (Freud, 1926). He believes that there is a group of patients in whom the major instigator of the defensive process is anxiety over an internal danger. The effect of fears of internal dangers upon the child may be more disastrous than castration fears. He suggests tentatively that the more the motives of defense stem from the fear of internal danger, the greater will be the prospect that later a psychosis or some other malignant disorder will develop.

A NOTE ON A WAKING BLANK STAGE ANALOGOUS TO ISAKOWERS PHENOMENA. THE DREAM SCREEN AND BLANK DREAMS by M. H. P. FINN (86), describes a phenomenon seen in one patient, hospitalized on two

occasions, with severe reactive depressions, which includes aspects of the dream screen, the Isakower phenomena, the blank dream and the waking screen, but is different from each. The experience was that of a 'blank stage'."

The patient, a twenty-eight year-old woman from a rural community, had lost her father at an early age and was reared by a strict and domineering mother. At sixteen, she became pregnant by the village ne'er-do-well, was forced to marry, had three more children in rapid succession, and from then on lived in a state of extreme physical deprivation.

Psychotherapy uncovered the phenomenon of the 'blank stage'. Whenever thoughts began to overwhelm the patient, she developed a 'blank stage' in which all her cares dropped away and there was reduced perception of the outside world. There was a feeling of peace and well-being. It was a state of pure feeling in which she felt comforted, loved and completely at ease. It might occur anywhere and was never noticed by those around her. The patient's associations to this phenomenon were of a locked door, with blankness and blackness behind it, of death and suicide and everything peaceful thereafter, of the one experience of orgasm she had had, and of the peaceful look of her children while nursing at her breast.

This phenomenon differs from the blank dream in that it occurs during consciousness, but resembles it in being composed purely of feelings or affects without content. Unlike the Isakower phenomena in which no element of discomfort is involved, it did include similar feelings of being enveloped and swallowed up. In the patient described by Hepecs the waking screen was used as an interfering veil against aggressive actions or perceptions, but was recognized as a breast, while the present patient did not so recognize her blank stage. There is also a relation to dreamy states produced pharmacologically in addicts as described by Linn. The phenomenon is thought to be closely related to defense against the anxiety aroused by primal scenes. It serves to protect the patient more by repression of fantasies than by denial of external reality, though denial entered in to some extent. Unlike feelings of estrangement or depersonalization the blank stage was experienced as pleasant.

A group of papers concern themselves with speech disturbances, weeping, and nail biting.

In the first of these, A CLINICAL STUDY OF DIFFERENT STRUCTURAL MODALITIES IN THE PSYCHOANALYSIS OF A CASE OF STAMMERING, H. WISSA WASSEF (282) presents clinical material which illustrates the dynamics

of stammering in two adult patients, in one of whom the relationship between the primitive and genital material was demonstrated with unusual clarity. Certain questions as to the function of stammering in relationship to the ego are considered in terms not covered in the classical descriptions. The author aims to show that to consider stammering in terms of a simple regression to the anal stage is to deal with only one variety of stammering, the obsessional type, to the exclusion of others in which anal material may not predominate or determine a psychological structure in which primitive elements have become integrated into a personality very different from that of the obsessional.

The first case, a young man of twenty four, sought treatment because of a severe tonic clonic type of stammering. The symptom was intensified in states of emotional disturbance and in the presence of strangers. The patient said that he wished to be cured so that he could get married, adding that a recent proposal of marriage he had made had been rebuffed because of this stammering which had caused all his difficulties in life. It had begun at the age of four following a severe thrashing administered by the father. He had repeated a string of obscene words proudly to his mother and then, instead of the expected praise, had received severe punishment.

The analysis is considered in two sections, pregenital and genital, the transition from one to the other being marked by a dream in which the patient had sexual relations with his mother. The first period, lasting for months, was dominated by primitive manifestations in object relations which were equated with exchanges of food, showing ambivalence and poor differentiation of affect. Much pregenital material was analyzed—the patient's sadistic conception of the primal scene, his fear of assault from behind, sphincter aggression, etc. After a period in which castration fears and the oedipal conflict were analyzed, there was great clinical improvement. This was not sustained, however, it gave way to the emergence of oral castrative material related to the mother, in which a memory of seeing her genitals exposed played a crucial role in the analysis, a fact spontaneously recognized by the patient. He added,

When I was able to think of the memory, I was able to speak normally. When I was not I stammered. The analysis, which took eighteen months, comprised a total of one hundred twenty-seven hours. The author stresses the clarity of the patient's productions and his unusual psychological perception which enabled him to relate reliably the past and present material. This contrasts with the strong resistances and splitting of the ego in the obsessional neurosis.

The symptom of stammering condensed drives and defenses at all levels. This concentration in the symptom and the unified character of

the ego were, in the opinion of the author, consequences of each other and showed a psychological structure radically opposed to that described by Fenichel. The mechanisms of undoing, isolation, and denial were not prominent and there was no clear-cut manifestation of anal or other repressions. The analysis went straight to the heart of the matter and the continual analysis of defense mechanisms was not necessary. Oedipal problems were in evidence from the beginning though they were superimposed on more primitive relations. Thus, archaic and genital anxieties were interwoven throughout the analysis.

The author considers Fenichel's discussion of stammering in terms of repression and fixation as inadequate and regards fixation and repression as techniques of defense. Concerning Fenichel's view that the treatment requires a restructuring of the primitive ambivalence in the direction of the oedipal complex, the author maintains that stammering represents both a repression and a progression, a transition and a sign of unity which cannot be compared with the return of the repressed seen in a hysterical symptom or with the massive repression of an obsessional neurosis although there are elements in common with these. The symptom, while representing both a fixation and a solution of the primitive conflict, is also a progression in so far as there is an integration into the ego of conflicting ambivalent drives which still permit the realization of a triangular relationship. This oedipal relationship is however, only partial, since it is tied to primitive anxieties which prevent its affective resolution. On the genital plane, however, conversion is utilized as a form of resolution. Castration anxiety and genital pleasure are combined in the symptom with a somatic compliance. It is as though the neurosis had achieved a solution on two levels which safeguarded the ego effectively but differed from the obsessional neurosis with its arrest at the anal stage. The structure of the neurosis could be defined in the hinging of the oral and genital relations.

Repression resulted in the preservation of the oedipus complex. The archaic memories were preserved, while the amnesia was for memories surrounding the castration complex. With the aid of the symptom, the oedipus complex was repressed, it was necessary to analyze the pre-oedipal and oedipal anxieties separately. The primitive anxieties were reawakened with the analysis of the castration anxiety. This is reminiscent of Lebovici's description of his treatment of latency children in whom fears of being eaten were evoked by the analysis of castration anxiety. In Wessel's patient it was the analysis of the oral relations and subsequent removal of the repression of aggressive feelings which led to the analysis of genital relations. The reappearance of feelings reproduced on different planes at the beginning and end of the analysis indicated

of stammering in two adult patients, in one of whom the relationship between the primitive and genital material was demonstrated with unusual clarity. Certain questions as to the function of stammering in relationship to the ego are considered in terms not covered in the classical descriptions. The author aims to show that to consider stammering in terms of a simple regression to the anal stage is to deal with only one variety of stammering, the obsessional type, to the exclusion of others in which anal material may not predominate or determine a psychological structure in which primitive elements have become integrated into a personality very different from that of the obsessional.

The first case, a young man of twenty four, sought treatment because of a severe tonic clonic type of stammering. The symptom was intensified in states of emotional disturbance and in the presence of strangers. The patient said that he wished to be cured so that he could get married, adding that a recent proposal of marriage he had made had been rebuffed because of this stammering which had caused all his difficulties in life. It had begun at the age of four following a severe thrashing administered by the father. He had repeated a string of obscene words proudly to his mother and then instead of the expected praise, had received severe punishment.

The analysis is considered in two sections, pregenital and genital, the transition from one to the other being marked by a dream in which the patient had sexual relations with his mother. The first period, lasting for months, was dominated by primitive manifestations in object relations which were equated with exchanges of food, showing ambivalence and poor differentiation of affect. Much pregenital material was analyzed—the patient's sadistic conception of the primal scene, his fear of assault from behind, splinter aggression, etc. After a period in which castration fears and the oedipal conflict were analyzed, there was great clinical improvement. This was not sustained, however, it gave way to the emergence of oral castrative material related to the mother, in which a memory of seeing her genitals exposed played a crucial role in the analysis, a fact spontaneously recognized by the patient. He added, 'When I was able to think of the memory, I was able to speak normally. When I was not I stammered.' The analysis, which took eighteen months, comprised a total of one hundred twenty seven hours. The author stresses the clarity of the patient's productions and his unusual psychological perception which enabled him to relate reliably the past and present material. This contrasts with the strong resistances and splitting of the ego in the obsessional neurosis.

The symptom of stammering condensed drives and defenses at all levels. This concentration in the symptom and the unified character of

the ego were, in the opinion of the author, consequences of each other and showed a psychological structure radically opposed to that described by Fenichel. The mechanisms of undoing, isolation and denial were not prominent, and there was no clear cut manifestation of anal or other repressions. The analysis went straight to the heart of the matter and the continual analysis of defense mechanisms was not necessary. Oedipal problems were in evidence from the beginning though they were superimposed on more primitive relations. Thus, archaic and genital anxieties were interwoven throughout the analysis.

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the transition from the partial to the total object relationship and integration of the primitive elements into the personality

A rather unusual symptom is described by W CLIFFORD M SCOTT (251) in A NOTE ON BLATHERING. Blathering is a term used to describe a specific, oral libidinal activity and its connected fantasies. The defenses against it and the symptoms derived from it may have a bearing on the transference situation. Blathering is a rapid, noisy, recurrent protrusion and withdrawal of the tongue through moderately relaxed lips and jaws. It has been observed during analysis only after anxieties related both to aggressive and to libidinal tongue movements have been worked through. Associated fantasies concern sound, touch, and movement. The sound fantasies are of primitive, loving noises, given out and taken in. The touch fantasies are about the breast, or more specifically about the nipple. The fantasies about movement are of licking, sucking, spitting, puking the breast, nipple or milk.

Blathering may occur in infancy but is mostly present in the latter part of the first year or first part of the second year. Adult ego syntonic derivatives may be seen in free tongue and lip movement, easy speech, enjoyment of nonsense, freedom from anxiety when misunderstood, spitting and vomiting without anxiety. Defensive symptoms are fears of spitting and vomiting, slowness of speech, fear of being misunderstood, fear of making mistakes in speech.

Balint suggested that the speed of tongue movements in feeding might be very rapid and also that during one phase of feeding there might be a positive intraoral pressure. Blathering may be a derivative of the fast tongue movements during early feeding. It may also derive from the positive pressure phase of feeding which may be the source of the memories which have a characteristic balance of introjective and projective fantasy, as 'taking in' and 'going into' the object fed upon.

In ON WEeping, GERT HEILBRUNN (127), concludes that the power of tears to wash away irritants is symbolically extended to painful excitations of any part of the physical and psychological structure of the organism. Stimuli which threaten to penetrate the protective barrier of the ego violate the narcissistic state of well being, and weeping, like all other defensive mechanisms, is stimulated by dangers to narcissism.

Weeping appears during the fourth prenatal week. Since defenses which seek to maintain homeostasis by warding off disturbing factors are regressive in nature, weeping must have a regressive goal—return to the intrauterine state. The physical and chemical similarities between amniotic fluid and tears seem to support such a conclusion. Weeping be

comes the response to a great variety of unpleasant excitations and may become pathological when a decisive trauma renders the patient hypersensitive to later narcissistic injuries

Whenever affective stimuli exceed the tolerance of the organism the resultant tension is alleviated by a release of energy from various organs or organ systems. The shedding of tears furthers the homeostatic principle so well that it is the favorite mechanism of release during childhood. Pain anywhere in the body often causes lacrimation as though the tears could magically wash away even the most distant irritants. Heilbrunn employed material from an analysis to find an answer to his question: are tears in the adult the principal means of release as they are in the child or are they but auxiliary to other mechanisms of defense? He also sought to learn whether tears had some special function in the adult, particularly when they accompanied quiet weeping.

Soon after the beginning of the analysis of a woman weeping became her most prominent symptom. Its appearance often seemed incongruous. Soon it became clear that she responded by tears with increasing frequency to interpretations by the analyst. She offered the explanation that sometimes they appeared from the gratification of being understood but more often from the feeling of being misunderstood. The pain from being misunderstood could be unequivocally traced to an actual or fantasied attitude of her parents toward her.

From early childhood her spontaneous realistic thoughts were dismissed as nonsense and her questions treated as impertinent by her parents. Analytic interpretations were for her threatening parental dicta which implied disapproval of normal thoughts as dirty and naughty. Such thoughts were oedipal fantasies which led to the analysis of a strong compensatory penis envy hidden by anal symbolism.

This insight produced no change in her lacrimation. Instead the weeping became accompanied by painful writhing resembling infantile movements. Although she was suckled until fourteen months, the feedings were insufficient from the age of eight months on. As a baby she had made movements similar to those when crying on the couch. The proud mother had refused to supplement feedings so the father consoled the infant by rocking her in his arms and singing her to sleep. The frustration at the mother's breast caused a narcissistic wound which was reopened repetitiously by later events. She took her mother's prohibitions of certain natural thoughts to imply that she herself was innately bad. Consequently she had spent much time searching her mother's face for signs of approval or disapproval. The discrepancy between her mother's responses and her own perceptions left her confused and lonely. She went on testing reality by writhing the analyst's face. The distortion of

reality actually attributable to her mother was reinforced by the projection of reactive hostility, so that, to her, mother and analyst became cold-blooded and murderous in their intentions. Analysis of the anxiety and latent homosexual content of a bedtime ritual shared with her mother freed her of the compulsion to look and enabled her to enjoy the company of men. She began to view her parents in proper perspective and her weeping stopped. She no longer feared that her mother could not tolerate being surpassed by her daughter.

Her central problem was the injury to her narcissism. Forced to accept substitutes for real needs, she cried herself to sleep. The weeping can be explained as enhancing regression to the prenatal state. It is a defensive response to stimuli injurious to the organism's vital "libidinal complement to the egoism of the instinct of self-preservation." Tears are wet and warm and perhaps suggest prenatal surroundings, simulating intramaternal life, the goal of regression, a state of satiation.

Commenting on the hypothesis that strong penis envy is the chief disturbance in women who suffer from neurotic weeping, Heilbrunn states, "Such cases show clearly the shift from the original oral frustration to a later different phase of conflict, which however betrayed its kinship to the earlier one by its symptoms of the search for the mother and the breast." The reciprocity between urination and weeping as mechanisms for discharge of tension are well known, and, in the male, urination often serves specifically the expression of aggression.

According to JOSEPH C. SOLOMON (262), nail biting can be regarded as an integrated act of release of oral-sadistic aggression, denial, and punishment by "biting at the claws." It can serve as a medium for containment or assistance in establishing other integrative masteries in the face of conflictual or tension-producing situations. His paper is called NAIL BITING AND THE INTEGRATIVE PROCESS.

The mouth-hand-relationship is established very early, and grasping and sucking become correlated in the "getting" or "taking" process. With the onset of biting, the hand function develops the quality of scratching and clawing at the breast (or its equivalent) at the same time. Thus the oral-sadistic impulse is shared by mouth and hand in the impulse to devour. Finger sucking is the usual form of gratification used by the infant to relieve tension. Biting itself is an aggressive discharge. When this is coupled with denial, nail biting develops in an attempt to integrate the wish and the denial. The latter is based on fear of destroying the object on which the child is dependent. In the oedipal phase, nail biting in these circumstances provides a likelier method of release of tensions than the more conceptualized defenses which occur later. The

external object is spared by biting at the claws. Furthermore the pain serves as expiation of guilt. Thus a closed circuit is formed which discharges tension in a manner similar to the closed circuit in thumb sucking.

The wish to claw or scratch as an extension of oral sadistic impulses is illustrated by the following dream fragment. There was a U shaped portion missing from my tooth or it might have been from my finger nail. The main theme here is castration in an individual who regarded sexuality as an aggressive act which was equated with an oral attack. The denial of his biting and clawing impulses was shown in the dream by making the tooth/claw weapon less powerful.

There are many patients who are former nail biters. The sadomasochism discharged in this habit becomes translated into the phenomena of social masochism. The earlier physiological closed circuit becomes secondarily integrated in the ego in the social scene where the sequence of aggression, denial and self punishment can clearly be traced. As an integrated act, nail biting can also serve as an ego-defense device. It can be called into play to relieve all forms of tension and to permit the discharge of excitation while the process of secondary integration attempts reparative mastery of the existing anxiety.

Disorders of work and recreation are the focus of the next group of papers.

Two papers by Bergler deal with difficulties encountered by writers. In *UNCONSCIOUS MECHANISMS IN WRITER'S BLOCK* EDMUND BERGLER (31) expresses the view that analysts who view writer's block in terms of phallic and anal conflicts have missed the basic conflicts and mechanisms involved. From the analysis of forty writers he found that such people are orally masochistically regressed and unconsciously use more superficial layers as defenses against the earlier more deeply repressed ones. In these patients the oral regression has the meaning "I want to be refused" rather than "I want to get."

The writer perpetually defends himself against his oral masochistic and voyeuristic desires. The defenses against these consist of attempts at autarchy, pseudo aggression, universalization of guilt feelings and exhibitionism. Writer's block occurs when the unconscious conscience no longer accepts these inner defenses and alibis. It represents a defeat in the writer's battle with his conscience. Several factors may impede the creative process. The artist wishes to be refused, resulting in a refusal of words and ideas. Difficulties in connection with scopophilia may give rise to difficulties in thinking up a plot (voyeurism) or in writing it.

down (exhibitionism), "injustice collecting" may sap the entire cathexis

Bergler feels that what is biologically common to all is an increase of oral tendencies including its derivative voyeurism. There is a specific psychological elaboration, the "unification" tendency, whereby fancied preoedipal disappointments at the hands of the mother are defended against by the autarchic mechanism of "setting up the mother-child shop in oneself." This defense is encountered exclusively in the artistically creative person.

In *THE SECOND BOOK AND THE SECOND PLAY*, EDMUND BERGLER (30) describes three pitfalls in a writing career: how to get the first book printed, how to write a successful second work, and how to avoid being classed as a "has been" after having achieved distinction. The second problem is investigated in a series of such patients who were analyzed by the author.

Two factors, one internal and one external, account for the fact that the second successful work is such an insurmountable burden. The external factor deals with the envious anger of critics and audience at the time of the appearance of the first success; this is released with the appearance of the second work. The internal factor stems from the structure of the writer's superego, which constantly prevents and devalues success.

In *PSYCHOLOGY OF MUSIC AND MUSICIANS: TWO CLINICAL EXAMPLES*, THEODORE G. BRANFMAN (38) cites the cases of four musicians, all of whom had problems of controlling obesity (oral regression), tendencies to logorrhea (oral regression), exhibitionistic tendencies close to the surface (repressed conflictual voyeurism), they were also "injustice collectors" (oral regression). The author's approach is based on Edmund Bergler's theory of the psychology of the creative process: (1) an autarchic defense within the frame of oral regression in which the artist is both mother and child; (2) sublimatory transformation of original infantile voyeuristic impulses. The material presented, the author feels, relates to the autarchic defense in the psychology of music and musicians. Scopophilic conflicts also played a role but were not dealt with in this paper.

An occupational problem of interest to physicians is described by GEORGE J. WAYNE (283) in *SOME UNCONSCIOUS DETERMINANTS IN PHYSICIANS: MOTIVATING THE USE OF PARTICULAR TREATMENT METHODS—WITH SPECIAL REFERENCE TO ELECTROCONVULSIVE TREATMENT*. He found that such treatment methods can be used as a means of meeting the needs of therapists burdened with unresolved unconscious conflicts in these areas.

Several characteristics of electroconvulsive treatment have a bearing on the unconscious determinants of its choice (1) electroconvulsion has the qualities of an overwhelming assault, (2) the bodily responses of the patient are suggestive of the sexual act, (3) there is a ritualistic and magical aspect to the treatment, in which a complex mechanism is activated by a mere flick of a switch, (4) it induces a degree of memory impairment, (5) it is essentially a technical procedure, bereft of interpersonal relationship between doctor and patient. These characteristics, in varying degrees and in a range of combinations may contribute to a physician's decision to use electroconvulsion, or, conversely, to withhold it when it might be realistically indicated.

The neurotic constellation underlying such a decision can involve such elements as deep-seated feelings of inadequacy and inferiority for which compensation is sought through symbolic annihilation or through an act of seeming omnipotence, "therapeutic ambitiousness" and the consequent urge for a "magical cure—dazzling and quick retaliatory punishment toward a patient whose response to psychotherapy has been disappointing, unresolved rivalry with father or brothers, with the resultant wish to make male patients impotent or foolish, unresolved dependency as a result of which archaic frustrations are vented on motherlike women patients, problems of masculine potency and homosexual conflicts with the need symbolically to overwhelm women patients, anxiety about one's own sexual and aggressive impulses which leads one to prefer a 'detached' technical procedure to a more personal involvement with the patient. An understanding of these unconscious psychological reactions can help in safeguarding patients and physicians.

The symbolic and defensive aspects of chess playing in an obsessive patient are examined by LEON GRINBERG (116) in *ON SOME SCHIZOID MECHANISMS IN RELATION TO CHESS PLAYING*. The history of the patient was previously presented by the author in a paper in which he focused on the patient's migraine headaches.² Besides the headaches, the patient had depersonalization, hypochondriacal and somatic delusional symptoms, of which the following are examples: "In relation to his headaches he felt that the aggressive figures were inside of his brain, more exactly in the right side, which was the side of the headache. Thus he felt divided in two parts, one of which was dangerous and dominated the other one."

The author observes that when the patient's 'paranoid anxieties' were exacerbated he would resort to his solitary chess playing, which

² See *The Annual Survey* Vol. V, p. 147, 1954

consisted in working out problems. This became a compulsion with him and constituted an activity which had "a very important role in the elaboration of his paranoid conflicts." The author implies that the game (always solitary) made a contribution to the reorganization of the ego, although he also views it as a compulsion which was resorted to in order to control threatening accesses of drive, which it of course did not always succeed in doing. In the unconscious fantasy the chess men represented the internal object, which he had to control, protect, attack, etc. His withdrawal into this activity is viewed as an "autistic situation" in which this defensive endeavor is pursued.

Grinberg reviews Jones's paper on Paul Morphy and endeavors to integrate it with his own observations. In conclusion, he views this kind of chess activity, at least in the case of his patient, as a "typical schizoid mechanism."

Holidays and the conflicts they generate are the subject of the next three papers.

In *VACATIONS—A PSYCHOANALYTIC STUDY*, ALEXANDER GRINSTEIN (118) relates the need for a vacation to the need for rest, variety, and the relaxation of cultural demands. The pleasure principle predominates, with gratification of oral, anal, and genital drives. Patients with rigid superego demands are unable to enjoy themselves. Vacations demand regression in the service of the ego, in many patients this is accompanied by anxiety. The particular form of vacation chosen has unconscious determinants. Some persons prefer solitude, others crowds, timelessness and the oceanic feeling are generally courted with consequent changes in ego boundaries and the use of more instinctualized energies.

The term, *THE HOLIDAY SYNDROME*, is used by JAMES P. CATTELL (48) to describe a fairly specific reaction in some analytic patients occurring (in the United States) from the period just before Thanksgiving until just after New Year's Day. It is characterized by feelings of diffuse anxiety, regressive phenomena such as feelings of helplessness, possessiveness, and irritability, nostalgia or bitter rumination about holiday experiences of youth, depressed affect, and a wish for magical resolution of problems.

Christmas is the most significant day of the period. The fantasies clustering around it occur in a type of patient who usually has difficulties establishing close emotional ties, and has feelings of isolation, loneliness, boredom, and tendencies to derogatory self-evaluation. The holiday syndrome is an exaggeration of this underlying pattern. In most of

these patients there is a history of disruption of the family constellation (separation, divorce, or death of parents), especially in the years of adolescence or young adulthood. Often masochistic trends are seen, with strong guilt feelings that the patient was the cause of the disruption in the family. The intensity of the reaction diminishes as treatment progresses.

The relationship to the Sunday neuroses (Ferenczi) and anniversary reactions (Freud) is pointed out. The more normal person is able to cope with the partial and temporary suspension of the reality principle occurring on such occasions without the emergence of strong regressive tendencies.

Continuing studies of the same phenomenon. L. BRYCE BOYER (36) presents four cases of seventeen studied by himself, all of whom developed depressions during the Christmas season. "CHRISTMAS NEUROSIS" is the result of unresolved sibling rivalries. In these cases the celebration of the birth of Christ reawakened memories of unsuccessful rivalry with real or fantasied siblings in their past and once again presented them with a competitor against whom they were powerless and unsuccessful. They sought uniformly to obtain penises with which they imagined they could woo their mothers and obtain from them unlimited love without responsibility or competition, a love they believed that had been lavished formerly on their rivals. At times they identified with Christ in order to deny their own inferiority and obtain the favoritism which would be His just due.

The psychoanalytic literature is reviewed briefly. Jones maintained that all religions attempt to solve on a cosmic stage the conflicts of love and hatred originating in the interactions of parents and children. Christmas represents an ideal of resolution of family discord through reunion. Jekels surmised that the Festival of the Nativity represents a historical trend in the direction of regarding the son as coequal with the father, putting an end to the supremacy of the father and the subordination of the son. Eisenbud presented two cases in which the central theme was the disappointment aroused by the failure to receive the longed-for gift of a penis on Christmas. Sierba dwelt on the similarities in Christmas celebrations and customs surrounding childbirth and believed that the holiday stirred up pathological reactions in those who had unresolved conflicts on the subject. The papers of Cattell and Ferenczi are also quoted.

One of the cases reported was a thirty-year-old childless housewife. As an adult she had been regularly depressed and anxious during the Christmas season. The analysis revealed that she had an intense wish

to be an infant without responsibility or competition. Her sibling rivalry as a child was intense but unrealistic. It became clear that in order to regain the omnipotence of infancy she had to fight physically or professionally with men in the hope of acquiring a penis. With this penis she could establish reunion with her mother and obtain the award of permanently available and full breasts. Before and during Christmas she always felt as if she had lost something. From her analyst and her God she wanted the gift of a penis. During one Christmas depression she consciously considered Christ to be her rival. She felt that a paternal nephew who resided in her home for a while was superior to her because she was a girl.

In the patients observed there were various causes for the loss of self-esteem. Fundamentally, however, the loss of prestige they experienced appeared to have been precipitated by the meaning they attached to the anniversary of Christ's birth. In Him they perceived a sibling rival with whom they could not possibly compete successfully. Each of these patients craved the reunion with the mother which places her under wishful domination. Father and siblings were a threat to the establishment of this ideal situation.

We now turn to a group of papers concerning themselves with special fantasies and symbols.

SAMUEL A. GUTTMAN (122) concludes, in *BISEXUALITY IN SYMBOLISM*, that all symbols can be used as both male and female, therefore the arbitrary interpretation of symbols in dreams should be avoided.

That bisexuality is inherent in all symbols was first proposed by Stekel in 1911 but refuted by Freud who felt that some symbols had only a male or a female meaning. He cited the snake as an example of exclusive phallic connotation. However, since then, Opler found a number of Japanese tales in which the snake is used as a female symbol, and Róheim, discussing the rainbow serpent symbol in Australia, has shown that the snake when erect is male and when swallowing is definitely a vaginal or uterine symbol. Patients' dreams and associations seem to confirm this distinction. The eye, clothes, the sun, wood, ships, and fish have all been considered bisexual by various authors.

Bisexuality is present not only in the embryology and anatomy of the external genitalia but also in the physiology of these organs. As we delve deeper into the archaic unconscious we find bisexuality to be a consistent characteristic facilitated by the fact that the primary process is unconcerned with the demands of reality, order, or logical consideration. The importance of the generalization of the bisexuality of symbols

lies in guarding against arbitrary judgment in dream interpretation and underscores the need to use the patient's associations to the manifest content in order really to understand the latent dream thoughts

IN NOTES ON ORAL SYMBOLISM, JACOB A. ARLOW (9) selects for discussion three symbolic representations associated with oral drives: fire, tools, and the fantasy of being crushed.

Fire may symbolize active and passive libidinal and aggressive oral wishes. Arlow presents the case of a female with a fear of fire. She identified with the crippled (castrated) state of her father, and more recently with the failure of her husband (also a castration). Her penis envy resulted in a compulsion to stare at the genital region of men, a displacement to the eyes of the oral wish to devour and incorporate the phallus. This was represented in a dream of a large crematorium with an oval shaped opening (mouth) and two smaller round windows through which she could see the victim burning.

In most languages the word for burning is related to that for devouring or consuming. In Hebrew to burn up is identical with to eat. The equation can be found in folklore as well. The witch in the story of Hansel and Gretel threatens to eat the children but is herself consumed in flames according to the talion principle. Further data can be found in religious rituals. The burning of the sacrificial animal symbolizes the totem feast. The ritual pyre and cremation may be interpreted as a re-entry into the immortality of the womb. The burning is a representation of oral incorporation.

Tools are especially suited to symbolize the teeth in discharging oral drives. A depressed suicidal male patient dreamed that he was hacking away with a spade at a mass of spaghetti covered with streaks of tomato sauce. This had arisen during the analysis of oral envy and oral sadism and expressed the wish to kill and devour the analyst, especially his envied brain.

Fantasies of being crushed are related to the crushing resulting from the fantasy of being bitten, chewed, and eaten.

Turning to a familiar symbol, the number 13, SIMON ROTHENBERG and ARTHUR B. BRENNER (240) suggest that sadistic fantasies formed the basis of the use of THE NUMBER THIRTEEN AS A CASTRATION FANTASY. This clinical observation is implemented by a discussion of the historical and cultural determinants of this classical superstition.

A patient suffered from an obsessive fear of impending danger when any reference to the number 13 was made. One year before the onset of symptoms his son had sustained a head injury which had necessitated

an operation, ending fatally, on the 13th of the month. A year later, after the surgeon had told the patient that he would never again schedule an operation on the 13th, the father's grief was reactivated. He had been unable to look at either of his parents after they had died but this inhibition was not present when his son died. He was able to place a cap upon his head and say, "Be a good boy," as if he were sending him on a trip. The analyst interpreted this as a partial refusal to accept reality.

The outbreak of his illness was correlated not only with the remark of the physician but with a critical illness of his wife's which stimulated unconscious death wishes, doubtless present before the child's death. These were related to a desire for sexual freedom. The remark "Be a good boy" referred to the unconscious thought "Be a good dead (penis) and have no such fantasies." The analyst's remark about the denial of his son's death caused a temporary denial of the death wish against his wife, and the replacement of guilt by grief for the son, which he could tolerate better. The hostility toward his wife was due to her sexual rejection of him throughout their marriage. This resulted in partial impotence and episodic depressions. Associated with the latter were two recurrent ideas: the fear of viewing the body of a dead person, and a fantasy of the nude corpse of his wife. These were primal-scene fantasies, which concealed a wish to see the phallus of his mother and wife. The fear of seeing the dead was therefore a castration fear displaced to the number 13, it had emerged with the threat of the return of the repressed death wish against the wife. The patient, bound by his fear of aggression and of his sadistic superego, was passive and morally masochistic, had to forego sexual gratification and was unable to free himself from his frigid wife. The number 13 was an obsessional displacement designed to ward off unconscious sadistic fantasies.

The author discusses the significance of the number 13 in the light of historical accounts and explanations. Its alleged derivation from the thirteen at the table during the Last Supper is untenable because it exists as an ancient superstition in non-Christian cultures.

The decimal system is probably the oldest. However, it is limited by the fact that 10 does not readily lend itself to division into thirds or quarters. The number 12 is more convenient from that standpoint, and its popularity as a unit is apparent in the frequent references made to it in the Old Testament, the division of the heavens into twelfths by the ancient astronomer priests, and the twelve months of the year, a division which goes beyond recorded history.

But the number 13 is extraneous: something that is left over and left out. Whenever something is excluded it is because it is 'bad,' and there results the fear that it will retaliate by returning aggressively. In

a sense, 13 may represent any repressed content. But then there are such matters as the birth of the baby from the mother, its separation from her breasts on being weaned, the exclusion or separation of feces from one's body, and death as the ultimate exclusion and separation. All fantasies of separation and exclusion are subsumed under castration.

Talmudic references to circumcision reveal the association 13—the thirteen covenants were made concerning it, it is written thirteen times in the chapter of circumcision.

Folklore reveals many instances of a favorable omen connected with the number 13. Thirteen is still phallic, although not the little boy's threatened penis but the father's triumphant penis. There seems to be an attempt to deny the fear which this number usually symbolizes. Folklore and numerology are highly ambivalent about 13, the good and evil meanings being closely associated.

IN SERPENTINE ORNAMENTATION AND ANAL REGRESSION ANGEL GARMA (101) claims that the frequent associations of analysts containing curved spiral or helicoidal contents have a latent symbolism at once genital and anal just as do ornamental serpentine curves.

Ornamentation and its derived forms such as writing, are sublimations of urinary and anal instincts. A female patient had difficulty in writing with a pen because she associated the point of the pen to the anal part of the penis.

Coitus may vulgarly be described in anal terms, e.g., in Latin American countries it is referred to by the term for anus. In English an obscene expression for coitus is 'to screw'. The helicoidal element in 'screwing' represents excrement. In ornamentation, the serpentine may be equated with the helicoidal.

The use of the visual element of spiral representation occurred in several associations in the author's analysts; these came to mean a fusion of genital and anal elements. One analyst had a series of fantasies related to spiral movements equated to intercourse and anal associations. He associated the emptying out of the vagina via the spiral movements to the enemas given him by his mother.

MORTIMER OSTOW (205), in *TOILET SYMBOLS AND FANTASIES*, calls attention to the fact that allusions to the toilet apparatus occur in certain stereotyped forms in dreams, waking fantasies, and in the unconscious fantasies which determine neurotic behavior.

Toilet symbols become manifest in what the author refers to as certain strategies and hazards: the strategy of remaining afloat and swimming and the danger of drowning, the strategy of standing fast

and the danger of being sucked or whirled away or having the ground give way under one's feet, the strategy of keeping clean and the danger of becoming soiled, the strategy of defending oneself against and using animals, and the danger of being injured by them, the strategy of being closed in tight places and the danger of being trapped in them, the strategy of using closed passages and tunnels and the possibility of being led into danger by them, the strategy of remaining whole and the fear of being torn apart or of falling apart, the strategy of managing heights and the danger of falling. An example of several of these is clearly seen in a woman who dreamed of hanging in a chair from a height with ocean waves beneath her. There were two chairs and she let one go. Then she felt hers was splitting apart and she had to hold it together with her arms. In the dream the patient is afraid the toilet seat will break and cause her to fall into the toilet bowl. She is also afraid that her own seat—her buttocks—will split apart, the fact that she holds it together with her arms suggests autoerotic stimulation while on the toilet seat. Another dream of the same patient about a swamp with all sorts of obstacles, hazards, and dangerous animals represents her fantasy of life in the toilet bowl.

These strategies are not peculiar to toilet fantasies but are also employed in genital, phallic, and oral fantasies. Whether the allusion is to the toilet must be determined by the patient's associations. As is the rule with symbolization, the toilet does not appear in the manifest content so long as the material deals with gratification of deeply repressed yearnings about toilet situations. When the dream is dominated by defensive attitudes or when the patient is replaced by another person or animal, the toilet may appear in the manifest content. It may also appear in the manifest content when the toilet itself is a symbol of some deeply repressed situation such as the cloacal conception of the female genitalia.

On the basis of toilet symbolism the author contends that we are justified in introducing the concept of the acquired symbol for an inanimate object. It is further suggested that the necessary conditions which will permit the use of symbolism, of A as a substitute for B, so that A can appear in conscious productions in place of the unconscious B, is that A be an appropriate subject or object of the technique employed in the unconscious fantasy about B. However, the selection of A as a symbol instead of A¹ or A¹¹ depends on the patient's own life experiences. For example, one patient's dream of falling into a swimming pool with jets of gushing water symbolized the unconscious desire to jump into the toilet and the fear thereof. The same physical strategies are involved and therefore the one can replace the other. However, the fact that the

patient actually had an experience in which she developed sexual anxiety when visiting a certain swimming pool made that particular swimming pool an appropriate symbolic substitute for the toilet which appeared in her unconscious fantasies

Precisely because so many strategies and dangers are implicit in the structure and operation of toilet seat and bowl for the small child they can become the focus of fantasies and anxieties derived from other sexual drives. Although they are especially appropriate to anal fantasies they are also appropriate to oral fantasies of swallowing and being swallowed phallic fantasies birth and death fantasies and of course separation fantasies from all phases of libidinal development. Therefore we may expect to find toilet fantasies in a relatively large proportion of analytic patients. They are especially well suited to portray transitions from oral to anal to phallic phases. For this reason one would expect to encounter them in the steadily retrospective recapture of unconscious material in the analytic process.

Three papers emphasize symbolic aspects of maternal attachment

EARL A. LOOMIS JR (179) hypothesizes the genetic evolution of THE SYMBOLIC MEANING OF THE ELBOW from its cradling inner aspect to the pointed rejecting outer aspect. This paper is based on the observation of a psychotic five year-old boy who was preoccupied with elbows. The psychosis was precipitated when a symbiotic parasitic relationship was interrupted by the birth of a sibling. One of the symptoms was rubbing people's elbows especially his mother's and he became anxious when anyone interfered. Later he held the elbows of child care workers especially women to his mouth and cheek straightening out their arms and at times licking sucking or biting the dorsal aspect of their elbows.

Loomis suggests that the elbow derives its symbolic meaning genetically from the young infant's experience of the cradling inside concave aspect of the mother's elbow. The older child is forced to the side where he may encounter the convex pointed rejecting aspect of the elbow. The patient's elbow preoccupation was thus a direct and symbolic acting out of his resentment at being displaced. The compulsive need to unbend the elbow may be viewed as a desire to acquire access to the inside destroy the projecting barrier and make the two sides undifferentiated. Concurrently the elbow may be viewed as a bisexual symbol its polarity being between the concave vagina sucking aspect and the convex phallic aggressive aspect.

The instinctual need for union with an object may be expressed by LINKAGE FANTASIES AND REPRESENTATIONS according to MORTIMER OS

row (204) When knowledge of the umbilical cord is acquired in later years, it is used as a paradigm for the linkage fantasies which existed much earlier

Among the most primitive fantasies encountered in psychoanalysis are those in which two people become one person These fantasies of somatic union represent an attempt to undo the differentiation of the self from the primal object which the infant achieves in the first months of life Fantasies of somatic union and its converse, separation, are expressed in many familiar ways The longing for reunion with the object gives rise to fantasies of inclusion in which genital anal and oral wishes find expression Identification is viewed by the author as a process for gratifying the wish for physical union with the object Immersion and its converse emergence, are another pair of techniques for expressing wishes to unite and to separate respectively

The author cites clinical material from the analysis of a woman patient with recurrent depressions, who reacted to a threat of separation from the analyst with fantasies of separation, birth, and attachment The concept of attachment was symbolized variously as a linkage via a telephone wire, a blood transfusion apparatus, clasped hands, and electric appliance cords The specific significance of linkage symbolization as a means for physical union of two bodies into one presents itself in an analysis only after the more superficial material has been worked through

Linkage fantasies may exist long before the individual has any knowledge of the umbilical cord This seeming paradox can be explained by the assumption that the neural basis for what is conceptualized as linkage of two separated bodies is constitutionally provided The neural groundwork becomes conceptualized by being loaded with actual infantile experiences These experiences may be the feeding excretory, and vital processes as conceived by infants The administration of an enema often provides a prototypic early experience of being connected through a long tube with a reservoir of fluid When knowledge of the umbilical cord is acquired in later years it is used as a paradigm to label linkage fantasies which existed much earlier Thus the umbilical cord is the biological prototype and paradigm of the linkage fantasies but not their psychic prototype

José Luis Gonzales (107) discusses FANTASIES OF RETURN TO THE WOMB AND THE DEATH INSTINCT This is a follow up of an earlier paper which focused on the outbreak of the psychotic condition during the analysis Here the author describes the patient's fantasies of return to the maternal womb These appeared in various forms as directly ex

pressed conscious wishes in dreams and in various other disguised ways. They came into the picture during the psychotic episode and in another phase of the treatment when the patient was severely depressed. They are viewed as the manifestation of complete surrender to the superego. Much of the patient's mental disturbance in general also had this underlying dynamics: the surrender which pervaded the patient's whole personality is a masochistic phenomenon. Besides this, the fantasies have yet another more profound meaning: they are a disguised expression of the death instinct.

Two papers on menstrual fantasies complete this section.

NOTES ON MENSTRUATION by EMILIO M. RODRIGUE (280) describes the analysis of a woman patient's fantasies over three consecutive menstrual cycles. They revealed the presence of persecutory and depressive anxieties which when lessened by analysis were replaced by fantasies of a creative content. In the literature the traumatic aspect of menstruation has been overemphasized while not enough weight has been given to its constructive aspect as a positive experience standing for fertility.

A twenty-six year-old woman broached the subject of menstruation at the time her menstrual period had just begun. On the first day she complained of a feeling that she could keep nothing inside herself that everything fell away from her. In the second session she was filled with despair because she felt everything and everybody was invading her. The massive nature of the loss and invasion was accompanied by a blurring of the ego boundaries. She felt she was menstruating with her whole body. The next menstrual cycle was ushered in by a dream in which she watched duelists in fascination and fear; then her mouth began to grow; the flesh bulged out between the jaws and she began to bite off big lumps, some of which she swallowed. Analysis of the dream showed that menstruation was unconsciously experienced as a mutilating sadistic intercourse taking place inside her.

Rodrigue feels that the positive aspect of menstruation has been considerably neglected. The traumatic aspect, the revival of the female castration complex, has been overemphasized. A better perspective is gained if the constructive aspect of menstruation is taken into account. The secret and mysterious fears that menstruation so often arouses have been shown by Melanie Klein to be related to early oedipal anxieties. This can be seen in the first two menstrual cycles when the patient felt that she was either invaded by or lost in an object and was unable to draw a line between herself and the bad persecutory object. With the lessening of these anxieties, menstruation was felt as a preparation for a constructive experience.

IN FANTASIES OF MENSTRUATION IN MEN, POUL M. FAERGEMAN (79) demonstrates that this wish is an important feature of feminine identification in men. The unconscious idea of menstruation in the male has generally been overlooked despite studies on feminine identification in males. Abraham, Jones, and Glover describe the wish to become female and the male's envy of the female's procreative capacity. Margaret Mead has described the practice in certain primitive tribes of blood letting in males to rid themselves of their 'bad blood' as the females do. Bettelheim asserts that the initiation rites in males are a manifestation of man's envy of the female's procreative ability. The subincision in initiation rites is to provide men with a symbolic vagina. Pregnancy fantasies in men are well known and have been amply described. Earlier authors have mentioned menstrual equivalents in men such as cyclic headaches and epistaxis.

Some clinical material is offered. A passive, masochistic, feminine man unconsciously expressed a pregnancy and parturition wish. Dreams revealed the wish to bleed from the genital area as well as the wish to be castrated and possess a vagina via dental drilling. He had a chronic habit of nose-picking which was a displacement upward of anal masturbation. He suffered frequently from epistaxis, which occurred when his anxiety forced a retreat to feminine identification. Diarrhea was determined to be a conversion symptom expressing the menstrual wish. In 1930, B. D. Lewin described the equation of defecation with menstruation. Six other patients are briefly described to elaborate further on this material.

The chief organ of expression of the fantasy of menstruation is usually the rectum. One of the author's cases used the urethra, equating urine with the menstrual flow. Voyeuristic impulses were strong in most of these men. There is a suggestion that they were exposed to early visual observations of both a fascinating and horrible nature, probably of the menstruating mother. It is noteworthy that these patients did not recall observing menstruation in childhood. The observation may have been so traumatic that it was repressed. Other men who have recalled witnessing the menstruating mother did not demonstrate fantasies of menstruation.

The menstrual wish is different from the envy of the woman's breasts, vagina and procreative functions. Feelings of guilt and the need for punishment may account for it.

Observations have shown that small children often have the fantasy that the menstruating mother is angry and one way of identifying with the aggressor is to have the fantasy of bleeding. Bornstein described a boy who regarded the bleeding woman as crazy as well as angry.

II PSYCHOTIC SYNDROMES AND SYMPTOMS

This section comprises a series of articles representing a critique of Freud's hypothesis of the relationship of latent homosexuality to paranoia. The borderline case was the subject of a panel held at a meeting of the American Psychoanalytic Association. In addition there are two papers on nosology and schizophrenia and Géza Róheim's book on *Magic and Schizophrenia*.

Problems in nosology were underlined at a PANEL ON THE BORDERLINE CASE (215) held at a meeting of the American Psychoanalytic Association. The various speakers although agreeing in the main on the clinical features of this syndrome disagreed in some instances with the need to establish a clinical entity such as the borderline case.

Gregory Zilboorg opened with a paper on Clinical and Therapeutic Issues in So-called Borderline Cases. Referring first to the previous definitive paper on the subject by Robert Knight, Zilboorg pointed out that selecting this subject for a panel discussion again indicated a sense of incompleteness in which we seem to seek we know not yet quite clearly what. The so-called borderline state is actually a misnomer, which Knight also felt since he put the term in quotation marks. The trouble seems to be that we automatically think in the older Hippocratic or Kraepelinian terms seeking for specific neurotic or psychotic mechanisms to denote specific clinical pictures without having questioned the correctness of psychiatric nosology to begin with. The only real attempt to produce a new nosology which would represent a gradual and almost imperceptible pathological series of transitions was made by Adolf Meyer but unfortunately this was weighted down by his static conceptions and unwieldy terminology. The major contributions toward a solution of the nosological problem was made by psychoanalysis which introduced the novel concepts of typical psychological mechanisms, typical stages of libido development, and typical ego variants.

When Freud touched on the problem of depressions and mourning he left the whole field of manic-depressive psychosis open to revision. It was gradually learned that there is no borderline psychopathologically between the various types of depression, neurotic and psychotic ones. Even the manic states have lost their specific clinical validity particularly since the recent contributions of Bertram D. Lewin. A basic error, however, Zilboorg continued, was that psychoanalysis assumed that the existing Kraepelinian clinical entities were inviolate and that its job

was to discover the specific psychopathological mechanisms operative in these inviolate entities. This is what has been going on for thirty years despite Freud's hints, but due also in part to the fact that Freud, little versed in clinical psychiatry, gave us no vigorous lead in this direction. Yet greater demands were continually made upon psychoanalysis by the ever increasing adoption of psychoanalytic principles into psychiatry, and it was to meet those demands that the so-called borderline states began to engage the attention of psychoanalysts.

At this point, the difficulty which arose was that of trying to differentiate the pathological process from the alleged disease entity. Pre-psychoanalytic nosology, imitating physical disease, delineated a scale of mental disease consisting of separate specific disease entities. Our confusion about borderline states springs from this adherence, conscious or unconscious, to the erroneous concept of disease entities, a concept which has long since outlived itself. Even academic psychiatry—Bleuler spoke of the schizophrenias in the plural (gradations from schizoid to psychosis) and Meyer stressed reaction types—was slowly being forced to recognize that the whole classificatory attitude was bound to prove ineffective not only as regards description but also in terms of assigning definitive prognoses in each given clinical entity.

Psychoanalysis broke through these barriers imposed by imitation of medical nosology and proclaimed the unitary nature and indivisibility of the human person within his own psychology. It was agreed that there is no borderline between the psychopathology of everyday life and the severest forms of psychotic states. It is this that led Glover to state, "We are all larval psychotics and have been such since the age of two." It is also this state of affairs which allowed us to let hysteria drop out of sight without even a funeral oration. We should return to the golden age of psychological curiosity which Freud inaugurated, during which studying psychological phenomena appeared more important than classifying them. Psychoanalysis was a conservative force in that it turned from the disindividualized study of averages to the study of man as an individual where it was the inner structure of the psychic apparatus in a given individual that mattered and not the psychiatric nosology. Recalling the study of the Wolf Man, Zilboorg pointed out that neither Freud nor Ruth Mack Brunswick raised any special question as to the transformation from the early neurosis to the later paranoid psychosis. Fenichel too considered the whole gamut of human psychological reactions a sort of continuum and a series of infinitesimal transitions.

Historically, psychoanalysis has shifted from emphasis on the libido theory and the oedipus complex through new insights into anxiety, and now into ego psychology, all of which are not mutually exclusive but

reciprocally complementary. We must admit that clinically we are not yet sufficiently expert to judge by any one measure the psychological status of a given borderline case except intuitively and impressionistically. Such concepts as the break with reality, ego weakness or ego strength tell us little. An ego may be strong in one capacity and weak in another, may have a great capacity for integration while remaining weak in regard to certain cultural realities, and vice versa. One important problem is to avoid confusing strength of the ego with its integrative capacity and to learn how to observe and to evaluate the two. Another is that of narcissism versus the capacity for giving and accepting love which must be considered not only from the standpoint of the ego but also according to libidinal sources and stages. Libido factors seem rather neglected today.

In conclusion, Zilboorg stated he did not believe there was such a thing as a borderline case and that if we wished to be static and classificatory, all cases were borderline. Each case is in a state of flux, having just left one point and being on the way to another. The so-called borderline case should be looked upon like any other case and treated in accordance with clinical necessity. As in general medicine, dosage depends on the degree of illness and on the individual reaction of the patient both to the remedy and to the illness. Treatment calls for a prolonged preliminary period of ego testing and of the observation of libido orientation. After this preliminary investigative and groping phase, a regular analysis becomes possible and is always indicated. During the preliminary period, improvisations are the rule; therapeutic intuition is most important, and the treatment is an art not yet formalized into a technique. The more there is severe autism and narcissism, the more difficult is the handling of the narcissistic transference, which in general should be passed by until true transference and psychoanalysis become possible.

The issue reduces itself to two postulates: (1) There is no such thing as a borderline case because all cases are borderline. (2) The preliminary therapy cannot yet be formalized. It remains in the field of psychoanalytic intuition, whence psychoanalysis originally came.

Ralph R. Greenson pointed to the diagnostic problems involved and indicated them to be due to the following facts: (1) we are trying to classify something which as yet we understand only imperfectly; (2) we use borderline to denote transition, usually in reference to neurosis and psychosis; (3) we also use it to denote a relatively stable clinical picture in which there are simultaneously indications of psychosis, neurosis, and even healthy ego function.

Scrutinizing more carefully both the ego functions as well as the

libido orientation in the "chronic borderline state," Greenson observed that in a well-structured situation these patients appear macroscopically to conform to convention, although they may be eccentric, whimsical and queer. However, in an unstructured situation, as in free association, or in anxiety, a number of phenomena may become manifest: eruptions of the id with failure of defense mechanisms, an inability to differentiate between affects, impulses, and body sensations, an inability to maintain a consistent concept of the self, confusion between past and present, with a readiness to relive and re-enact past experiences, an inability to integrate or synthesize, so that they react to part of a situation or object instead of the whole, an inability to postpone discharge, a preoccupation with fantasies, of sexual and aggressive nature, and a mobility of cathexes with a readiness for displacements and bizarre transference reactions.

The essential pathology is in the ego functions with regression and primitivization of these. The primary process invades the secondary, and there is difficulty in separating a judging ego from the experiencing ego. The implication of this for treatment is that it becomes necessary to tell such a patient not only "you are reacting as though I were your father" but also to add "and I am not your father," thus helping him acquire a judging ego.

From the metapsychological standpoint, Greenson feels that there is a defect in the development of basic ego functions, stemming genetically from a disturbance in early object relations and with it in early identifications. In normal maturation there occurs a fusion of good and bad objects and introjects which leads to ambivalence and which coincides with a more stable self representation. In these patients, however, lack of fusion results in fragmentation, confusion between self and not self, and faulty reality testing. The process of defusion can bring about the same result, and is usually accompanied by instinct defusion with a loss of the neutralized instinctual energy necessary for proper ego functioning. As major etiologic factors in the production of these basic ego dysfunctions, Greenson pointed to very early traumata, especially massive sexual overstimulation in the first year of life, with a resultant flooding of the ego and an inability to postpone discharge. Often the parent who serves as a model for identification is seen to have a similar ego dysfunction. From the standpoint of libidinal development, there is usually a polymorphous perverse picture. There is a prominence of organ pleasures at the expense of object relations, an inability to distinguish between forepleasures and true orgasm, and a wide range of libidinal zones and aims.

Elizabeth R. Zetzel pointed to two reasons why the term "borderline state" is an unsatisfactory one, the objections being on somewhat opposite

grounds. The first is a scientific consideration in that there is actually no sharp line of differentiation, so that the term 'border area' might be a more accurate one to employ. This reason would correspond to Glover's and also to Zilboorg's observations that all people are in a sense larval psychotics or borderlines. The second is a clinical observation that there is a tendency to use this category as a wastebasket term in order to avoid the necessity of finer diagnoses of the more subtle psychotic states. In spite of these objections, however, the term is probably here to stay, due largely to the fact that psychoanalysis has led to a recognition of psychotic mechanisms in the neuroses and even in normal characters and also to the fact that the undoing of certain defenses in analysis may lead to psychotic symptom formation.

There is a wide range in what different people include under the term. Zetzel would differentiate between borderline states and borderline personalities—a distinction which has clinical, therapeutic, and theoretical relevance. The borderline state has to do with an overt clinical picture, acute or chronic, which presents a challenging therapeutic problem known from the outset. The therapist sees the condition at the time of initial interview, judges the situation with which the ego is confronted and is able to adapt his methods accordingly. The borderline personality, however, has to do with patients who present few or no disabling symptoms at the outset but where it is necessary to make a proper assessment of the disturbances which are likely to occur during the course of psychoanalysis. This problem is one which includes also work with candidates in training. The task is to recognize severe latent problems and the patient's capacity to deal with them. In these situations we usually have to start with analysis but to restrain interpretations until an accurate assessment can be reached. Zetzel refers also to Edward Bibring's description of anxiety and depression as basic ego states. We must judge the extent of the defenses against these basic states and how much tolerance there is underneath for them. It is possible that in these borderline personalities it might be of particular importance to look to the distinction between the defenses against early anxiety and those against early depression, and of the possible struggle between these two basic ego states. This points to an interesting direction for future study.

Jan Frank pointed to the importance of the subject under discussion in relation to the increase in delinquency, road killings and what appears to be 'the schizophrenization of mankind.' This is taking place not at the level of frank psychosis but rather at the level of the borderline state, and Frank referred to the many recent semantic attempts to delineate this state, such as *oneirophrenia*, *ambulatory schizophrenia*

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(Zilboorg) or pseudo-neurotic schizophrenia (Polatin and Hoch) There seems to be a great increase in acting out and in alloplastic behavior In the face of an inability to bind or to neutralize aggressive or sexual energy, this energy seems to be directed outward There is something regrettable in the passage of the Victorian era and with it the loss of the syndrome of hysteria Even in the absence of mental hygiene and aseptic masks, the presence of family cohesiveness resulted in good autoplasmicity That women were prone to swoon at that time was better than the prevalence of borderline cases today The latter can be attributed largely as an etiologic factor to the dissolution of the family as a unit, which was brought about in part by two World Wars and which cannot be replaced by mental hygiene Frank pointed also to the frequent proximity between borderline cases and the creative personality, as well as to the distance between them Edgar Allen Poe, who at the age of three watched his mother die of consumption, became addicted to opiates and alcohol in his search for a soothing mother, yet wrote poems and mystery stories which soothed millions Freud himself, who wrote of his dark passions, of his head feeling empty, of his somewhat strange relations with friends of his cocaine episode, and of his anxiety neurosis and depression, probably would not be accepted in one of our institutes today The concept of borderline is a time honored and a justified one These people are love hungry, affect hungry, feel empty, and constantly seek excitement In them, the synthetic function of the ego has been broken

Leo Rangell expressed the proposition that there is a borderline state, without the necessity for quotation marks If there is neurosis and psychosis and 'normality,' then there are borders between these states, although, to be sure, these are not lines but rather borderlands Referring to Zilboorg's presentation Rangell felt that while psychoanalytic contributions enlarged the understandings of various clinical states it did not do away with them It accepted them not as inviolate entities but rather as observable clinical conditions Psychoanalysis then did add, to the great advance of our understanding the concept of the continuum between all these conditions, as Zilboorg and as Fenichel have noted, but there is day and there is night and though there is a continuum between them there is also dusk In the same way there is a borderland of clinical conditions and the incidence of cases within this band has been amply attested to This in no way constitutes a concession to a static or classificatory point of view but is rather in consonance with the psychoanalytic conceptualization of these states The fact that diagnosis may be puzzling or that there may be differences of opinion as to where a particular case belongs or that the diagnosis itself may be misused either as a waste

basket term or in order to avoid finer diagnosis, does not vitiate its existence. These same difficulties may exist and do exist in other diagnostic areas as well.

Borderline cases approach psychosis but are not quite there or have been there and have come part way back, or else live at that border chronically. It is well to remember, as Knight and others have pointed out, the necessity not to wait for secondary restitutional symptoms to appear but to be able to recognize the primary pathological mechanisms in their early stages. Rangell then discussed clinically the differences between static cases which express chronically the characteristics of this state, and those which are transitional in both directions. The differentiation between the transitional and static forms affects prognosis and treatment as well.

Fenichel, who discussed the concept of the clinical continuum, also pointed out the existence of borderlines between all the other various clinical entities. The particular border under discussion Rangell pointed out, is only one of many different borders which is in consonance with Zilboorg's second conclusion that all cases are borderline. We frequently see directly in clinical work the progression of a patient across the border of libidinal points of fixation, from phallic to anal to oral, in either direction. Or we note the passage from hysterical to obsessive symptoms or the reverse. We are sometimes able to see the transition across the border from normal to symptom formation and not infrequently from psychosomatic to psychoneurotic states. Anna Freud has pointed out the fluid transient states which we observe directly in analysis when defenses fail and new formations take place. We also sometimes see a movement across the border from neurosis to perversion as in a case cited of a phobic who with the loosening of his phobic structure, shifted to the acting out of transvestitism. What is special, however, about the borderline between neurosis and psychosis is that in the case of most other borders we allow the process to traverse freely in which ever direction it will, in the hope of thus gaining insight and advancing the therapeutic goal. At the border of psychosis, however, for various technical reasons, we usually though not always intervene, because we feel that the ego, crossing this border, would become inaccessible to us. We might intervene similarly in other instances as well when for example, for technical therapeutic reasons we forbid acting out.

For proper evaluation of the individual case, it is necessary to assess the libidinal orientation and to make an inventory of ego functions. This must include a quantitative estimate of ego strength as well as a qualitative assessment of the selective involvement of specific ego functions for it may be the qualitative involvements in certain areas which

determine to a great extent at which border in the continuum a patient may be. Thus if there is selective involvement of the ego functions of perception or reality testing, the patient may be a borderline case in the sense of approaching psychosis. If, however, the ego function which is involved is that of guarding the access to motility, then it is acting out which may become likely, with the patient approaching the state of the impulse ridden character. If it is the defense function of the ego which is affected, so that for example there occurs 'hypertrophy' of the mechanism of repression, then the patient may be prone to hysteria and fainting. Moreover, in addition to the ego, the id and superego structures must also be properly evaluated. High degrees of disability or danger can occur in patients at all borders. This is in agreement with Zilboorg's observations that an ego can be strong and effective in one capacity and weak in another of its functions. As examples, Rangell cited certain cases close to the border of paranoia who perform in general with high efficiency in contrast to the severe chaos and disorganization of certain people with labile hysterical personalities.

Subsequent presentations were centered mainly around problems of treatment and technique. Maxwell Gitelson pointed out that the gradations of clinical categories have to do largely with gradations of defenses. In the borderline case there is a mixture of the more advanced post oedipal defenses with primitive pregenital ones. There are various other scales of gradations which also must be considered: libidinal points of fixation and regression, autoplaticity at one end and alloplaticity at the other, the degree of integrative capacity between the various psychic agencies, the autonomous ego functions, and a scale of adaptive capacities. Clinically we see a scale from hebephrenia at one extreme to the 'ideal normal' at the other, and, as far as therapy goes, the scale ranges from cases requiring immediate hospitalization through those needing modified forms of treatment and finally to those treated by classical psychoanalysis.

In therapy, Gitelson continued, we use the concept of the therapeutic parameters described by K. R. Eissler, i.e., deviations of various degree from the classical psychoanalytic technique. The borderline case confronts us with the necessity for the introduction of these parameters. Since these patients have a low tension tolerance, they present us with a demand for responsiveness to them and often need "verbal feeding," for the therapist just to talk. This leads to the problem of inexact interpretations since we cannot always be certain of the meaning of the emergency. These patients enter a therapeutic relationship with a great need to test its limits and meaning. They are easily susceptible to being hurt and prone to conceal it so that the therapist must be alert to this

possibility and able to pick it up. The problem of separation anxiety is pre-eminent more so than castration anxiety. An eruption which appears to come from the id is often a plea from the ego and calls for interpretation upwards rather than the reverse. They have difficulty in achieving ego distance so that they take everything which happens very seriously and it is necessary for the therapist to detoxify some of the things they say. When the patients finally do get to the point of being able to produce free associations they may then develop a fear of aloneness and of separateness from the analyst. One should then not come in promptly with interpretations but rather should allow the patient first to tolerate a dose of aloneness without the therapist intruding. Wherever possible the therapy should move toward the goal of eventual psychoanalysis with the same or with another therapist. If because of the extent of the parameters which have been used it is necessary to transfer the patient a test of the success of the treatment is that the patient is able then to be transferred. One should try to introduce as few parameters as possible and yet be ready to introduce as many as may be necessary.

The preliminary period of treatment requires great variability. Sometimes one can accomplish small pieces of analysis which later are additive. Interpretations at times are better made by acts and deeds than by words. Some reassuring parting comment at the end of the hour is frequently a necessity in these cases. Regarding acting out a differential decision has to be made in each instance and the therapist must often determine whether he is worried about the consequences to himself or to the patient. Sometimes one has to take a chance for the sake of the patient. And as a final remark, Giselson pointed out that a patient may present a reversible defensive syndrome even if it has lasted a lifetime.

Ralph R. Greenson observed that in neurotics we do not have to perform psychosynthesis which the patients themselves can do whereas the borderline patients do not have this integrative function so that we have to help them synthesize. Moreover when the patient is in danger of losing his hold on external objects it is important in order to keep contact with him to show him with appropriate affect that we are with him. We must help them achieve better reality testing and better contact with their affects. It is important to interpret to them not why they feel but what they feel. The learning process of a person with defective ego functioning is similar to that in children. The therapist Greenson felt must offer himself as a model for introjection and identification. One method by which this might be achieved is by demonstrating to the patients the ego functions which they do not have. Thus you show them how you think by thinking out loud and demonstrate to them in action

how you exercise judgment Identification cannot take place in a sterile atmosphere and to be effective the therapeutic atmosphere must have a certain emotional quality Analytic neutrality is not optimum here

Jan Frank challenged the recent panschizophrenic attitude in which the tendency is to call every anxiety hysteric a schizophrenic, and called for more careful differentiation There is too much emphasis, he stated, on standard psychoanalysis as comprising the ultimate parameter, and on the couch as the glowing hope in therapy People, in fact, very rarely turn in treatment from one extreme of behavior to another There are limited goals even within psychoanalysis, which does not always include structural changes Many instances of tediously prolonged treatment should have been stopped long ago, where often either the patient is unanalyzable, or there is something wrong with the analyst One has to know when to be active and when passive The pose of maintaining equidistance often results in an automaton who is not a human being Another mistake frequently made is that of overlooking the necessity of taking an extensive history, often particularly so in the case of schizophrenics

Lewis L. Robbins spoke of the treatment of such cases within the structured environment of a hospital situation, structured not only during the therapeutic hours but in the totality of the patients' activities These patients need an environment that provides controls and, much as a child sometimes does, they often get into trouble in order to force the environment to control them and thus to protect them against their own feelings A lack of such external controls took place in some of the first generation children of psychoanalytically misinformed people, resulting in many severe borderline problems Controls provide an inner safety which results in less acting out The latter may reappear if the environment becomes inconsistent often leading the patient to test and retest the environment The patient gradually borrows ego strength from the significant person in this environment, whether it be the occupational therapist, music teacher, medical therapist, etc. This results in less anxiety, less of a need to test, and an increased ability to judge reality by an observing ego These patients differ from the child, who has not yet had the opportunities for development, in fighting people off because they have already been hurt These patients make enormous demands upon the therapist Therefore if the latter doubts his ability to withstand these, it may be better not to undertake treatment rather than to take them on and then to reject them

Elizabeth R. Zetzel added the technical observation that in England the couch is employed somewhat more freely and universally with these patients than seems to be the case in this country, with no undue effects

It is possible that the difficulties here from the use of the couch stem to some degree from the analyst's fears of the consequences rather than from the patient, for the latter, if free association is becoming too threatening will usually set up his own controls. It is often necessary, in the terminal phase of analytic treatment also to finish up with face-to-face interviews in order to help the patient distinguish between his fantasies about the analyst and the latter as a real person. Finally, the importance of countertransference in these conditions should be noted for the patients are in need of a long and consistent therapeutic relationship in order to develop their capacity for proper object relations.

Nomological considerations are the subject of M. RENARD'S (229) paper, *THE FRIEDMAN CONCEPT OF NARCISSISTIC NEUROSIS*. Through a study of the first phase of the main psychotic syndrome he attempts to show that the distinction made by Freud between neurosis and psychosis and between the various psychoses was valid.

After reviewing Freud's distinction between neurosis and psychosis based upon the distortion of reality, the author suggests that a study of the structure of psychosis must be centered on the first phase—the repression of reality. The psychotic withdraws his investment from reality which nevertheless still exists for him and consequently requires a constant repression by the ego. The psychotic ego attempts to return to a state where external reality was rather indifferent. This regression is never entirely successful because of the adult development of the perceptual system, the existence of structures such as the superego acquired later in development and the presence of internal tensions driving to expression.

The cause of the onset of the psychosis should be sought in pre-dispositions found in the prepsychotic character structure of the personality. The future melancholic is inoffensive, charitable, and self-sacrificing in order to preserve the love of his object which he needs. The future schizophrenic is withdrawn and distant in order to protect himself from the least external excitation at the mercy of which he feels. In the prepsychotic personality internal physiological pressures which the ego cannot control efficiently increase the patient's vulnerability to the external world thus activating a global narcissistic process of psychotic proportion. The prepsychotic character traits are the products of an early reaction following very threatening life experiences and a hereditary predisposition which has sensitized the patient to traumatic

The author suggests a study of the initial phase of narcissistic investment and its two essential forms—*megalomania* and *hypochondriasis*. In order to explain the relationship between megalomania and hypo-

chondriasis, Freud proposes two contradictory hypotheses in his paper 'On Narcissism'. According to the first hypothesis, the libido withdrawn from objects returns to the ego and overflows toward an organ. Megalomania would then precede hypochondriasis. According to the second hypothesis, the organ acts as a focus for attracting libido, thus preventing the overflow onto the ego and ensuing megalomania. Thus, hypochondriasis would precede and prevent, for a time, megalomania.

Renard points to cases where megalomania appears first and others where it follows a long period of hypochondriacal concern. To account for the mutual relationship between hypochondriasis and megalomania, we must entertain the hypothesis that a two-way communication exists between the ego and the organ, allowing displacements of energy, the causes of which are still obscure. It is clear, however, that the energy which can be observed at the level of the ego remains libidinal (self love), whereas the energy which the ego directs toward the organ is aggressive. Thus, the organ is either denied or feared in a persecutory way.

Tausk considers the hypochondriasis of schizophrenia as a regression to the 'projection stage' when the body of the baby still appears to him as an external world. The author states that the 'projection stage' of Tausk corresponds to the "autoerotic stage" of Freud, which is characterized by the mutual independence of the various erogenic zones before they come under the supremacy of the genital system. This stage is followed by that of "narcissism" when the ego is fully conscious of its somatopsychic unity. In this sense, schizophrenia is related to a primitive autoerotism and paranoia to narcissism.

Melancholia, being due to a conflict between ego and superego, is a strictly narcissistic process. Painful feelings are incessant because there is no possibility of discharge of tension through projection, somatization, or fantasies. In the development of the future melancholic, oral deprivation causes a primitive megalomania. When faced with frustration, the premelancholic will withdraw his investment and introject the object in an attempt to keep it in his possession. The former object libido will then attach itself to the superego and cause the well known symptomatology. Mania is related to megalomania but is not entirely narcissistic, because in mania there is evidence of awareness of the external world. It is not simply a restitutive process, since it can occur spontaneously without preceding depression.

GÉZA RÓHEIM'S (231) book, *MAGIC AND SCHIZOPHRENIA*, is based on two essays which Róheim had planned to publish together: 'The Origin and Function of Magic' and 'Fantasies and Dreams in Schizophrenia'. Róheim feels that the magical attitude or behavior is found in every

neurosis and is even an important part of every personality. Although the basic forms of magic and schizophrenia spring from the same roots, magic in general is a counterphobic attitude—a transition from passivity to activity—while in schizophrenic magic realistic action does not follow. He assumes that object relations in general are based on relations to the mother and that an oral trauma in this relationship is the basis of schizophrenic processes. Man's relationship with his environment is conditioned by the attitude of the mother toward the child. Magic is frequently used to deal with various anxieties arising out of traumata in this relationship, i.e., the fears of object loss, food trouble, as well as the loss of the self. Schizophrenic fantasies deal with these anxieties as well. A complete synopsis of this book may be found in Chapter X.

In a paper entitled *SOME PROBLEMS IN COMMUNICATION WITH SCHIZOPHRENIC PATIENTS*, DONALD L. BURNHAM (45) attempts to elucidate some of the attitudes and concepts which facilitated his comprehension of a schizophrenic's communications and furnished a more explicit statement of what might otherwise have been classified under the rubric of increased intuitive awareness.

Burnham's initial difficulty arose from his anxious belief that he had to concentrate his attention on the obscure and disorganized verbal content of these communications. Another pitfall arose from his need to respond to an imagined request without maintaining the system of communication between them. An additional assumption concerning the schizophrenic's language was modified as it became clear that it was quite difficult to single out any one meaning of his patient's complex communications because they were so highly overdetermined. With the aid of sound recordings and a study seminar his concept of the therapeutic task changed from that of providing expert translation to that of helping the patient assume his share of responsibility for successful communication.

As a result of this shift of emphasis the author became alert to cues such as tone, rhythm, volume of voice, and body movements. Noting the timing and context of verbal obscurity was often more useful than efforts to translate the unintelligible content. The patient's use of speech as a substitute for action, direct pleasure, relief of loneliness, as a means of placation and ensuring love and safety, were often revealed more by the form and timing than its content.

The author delineates a number of factors that contribute to the obscurity of the patient's language, all of which are characteristic of the primary process. Among other phenomena, concrete imagery is substituted for abstract content, words are treated as objects and substitutes

for action and affects, similarities become identities; human relationships and values are expressed in the form of concrete symbolic allusions, and bodily sensations are used to express affects.

MARK KANZER (144), in *GOGOL—A STUDY ON WIT AND PARANOIA*, ascribes Gogol's success to a paranoid empathy with the unrest of the Russian people. He had an ability to voice this unrest with official approval. A more detailed synopsis of this paper appears in Chapter IX, Section III.

The rest of the papers in this section more properly belong in Critique and are synopsized in Chapter II. They concern themselves with a critique of Freud's hypothesis on the role of latent homosexuality in the structure of paranoia. The factor which they seem to have in common is disagreement with this hypothesis; in most instances they offer alternative approaches.

ORVILLE S. WALTERS (281), in *A METHODOLOGICAL CRITIQUE OF FREUD'S SCHREBER ANALYSIS*, feels that the adoption of this hypothesis has tended to prevent the explanation of other possible etiologic factors. In his opinion, no explanatory concept is universally acceptable. LIONEL OVESEY (207) pursues his interest in *PSEUDOHOMOSEXUALITY, THE PARANOIA MECHANISM, AND PARANOIA*, asserting that paranoid phenomena can stem from nonsexual adaptation to social stimuli and need have nothing to do with homosexuality. N. N. CHATTERJI (50), in *A NEW THEORY OF PARANOIA* adds his voice to the chorus of disagreement by suggesting that the various manifestations of paranoia and paranoid delusions may be understood by the vicissitudes of identification with the mother. Finally, DAVID GRAUER (110), in *HOMOSEXUALITY AND THE PARANOIA PSYCHOSES AS RELATED TO THE CONCEPT OF NARCISSISM* utilizes his disagreement with the homosexuality hypothesis to question even another concept, namely, primary narcissism. As indicated above, all of these articles are synopsized more fully in Chapter II.

III. CHARACTEROLOGICAL STUDIES

The contributions in this section appear to group themselves into those which deal with features entering into character formation and others which discuss specific characterological traits. Some of the latter are concerned with common phenomena such as social-mindedness, perfectionism, modesty, etc.

Nosological difficulties are underlined by JOSEPH J. MICHAELS (191) in his book on DISORDERS OF CHARACTER, since some of the problems the author discusses could most properly be considered disorders of impulse control rather than characterological disorders. Michaels pursues an earlier interest in the relationship between persistent enuresis and personality malintegration. Michaels is especially struck by what he feels to be a high incidence of persistent enuresis beyond the age of twelve among a considerable number of juvenile delinquents and psychopathic personalities. A detailed synopsis of this book appears in Chapter X.

In *THE ROLE OF THE SUPEREGO AND EGO IDEAL IN CHARACTER FORMATION* SAMUEL NOVEY (201) states that a revision in our concepts of the role played by these structures is dictated by the development of character analysis and of the modern concept of the ego. Psychoanalysis has concentrated its attention on psychic development during the first five years of life, culminating in the period during which the superego is first established through the resolution of the oedipal dilemma. On the foundations of this substantial body of knowledge, a re-evaluation of the influence of later life experiences on character formation is now in order. The superego is not a fixed, static body, alterable only through analysis as some have assumed. It is best looked upon as a functional pattern of introjection rather than a fixed institution. There is ample evidence that for a number of years after the establishment of the superego the process of introjection continues with fluctuations, only to diminish late in life.

Freud himself has expressed the view that the superego is amenable to later influences. Those who work with adolescents in nonanalytic situations testify to alterations of the superego by means other than analysis. Both Aichhorn and Erikson, writing about adolescence, have pointed to the occurrence of significant alterations of the superego through processes of introjection and identification.

Further clarification of the role of introjection in character formation can accrue from the conceptual separation of the ego ideal from the superego. The term ego ideal should not be used to describe the punishing or loving superego as such. It should be restricted to that particular segment of introjected objects whose functional operation has to do with standards acquired later than the oedipal superego but having its roots in the early pregenital narcissistic operations against anxiety. The superego exercises its power through guilt or threat of withdrawal of love. The ego ideal is always ego-syntonic; however, it is not an intrinsic part of the ego. It is by no means bound by the ego's regard for reality in the narrow sense of the term. The hero-worshipping aspect of man may

appear to the objective observer as unreal. However, the ego ideal may inspire man to performances which the ego would regard as unrealistic. An adequately functioning ego ideal is contiguous with the ego, serves it as a model of what one is as well as what one would like to be, and thus contributes to the ego's security. The ego ideal makes essential contributions to the process of sublimation through its influence for inspired performances.

The author cites as a clinical illustration a patient who had a memory, dating from the seventh year of life, of how a teacher had handled, with great sensitivity, a transgression of which he had been guilty. This experience assisted the patient in setting up a socially directed ego ideal and thereby made a significant contribution to his healthful character development. It is true that prior groundwork had been laid in his earlier life experience, but a foundation does not make a building. The technique of psychoanalysis should have as its aim not only the tracing of these later ego ideals to their genetic prototypes but should also see them and analyze them as significant contributors to character formation.

Turning to a more specific character structure in a paper entitled *SOME PHILOSOPHICAL SPECULATIONS ABOUT THE CONCEPT OF THE GENITAL CHARACTER*, SAMUEL NOVEY (200) expresses the opinion that certain delusions are essential to man if he is to function as a mature being. These delusions serve to maintain his faith in the meaningfulness of his individual life. This is achieved at the price of some alienation from internal and external reality. Both libido and aggression are important in the formation of the "genital character," and the object relationships of which the latter is capable include not only the discrimination of the self from objects but also some awareness of the merging of self with others.

The psychoanalytic concept of maturity is expressed by the term "genital character." The way in which he develops an appreciation of reality has led to the assumption that observations of both internal and external events are "objective." Man's clinging to the concept of his self as a purposeful, unitary thing is based upon no conceivably provable ground; it is in essence a "delusion." One of the prime functions of psychoanalytic treatment is to reactivate and assist this primal faith to assume again a functional capacity. The delusions described in this paper cannot be corrected by reasoning because of their indispensable character.

The "family romance" serves as one of the critical myths which man has built up to reinforce a sense of this own meaningfulness and importance. It represents an attempt to establish one's own uniqueness and

significance. It represents man's flight from the idea of an existence bound to biological necessity and without evident goal or meaning. The setting up of an ego ideal serves the same end. It is the surface layer of an elaborate system of fantasies. Related to these fantasies there is in the mature adult an extensive system of beliefs of what one feels one is. It constitutes one of the essential secrets of his integration.

The capacity to effect sublimations is presumed to depend on the release of energy from pregenital strivings. It seems to the author that this is not sufficient means of communication; a function of the ego are also indispensable. This capacity is based on identification and learning. The genital character cannot be defined in libido terms alone. The fate of the aggressive instinct plays a significant role. Man may experience some peripheral awareness of his self-destructive impulses but basically he is incapable of mastering them and must resort to repression of them. He must continue to cling to a mythology of his own significance and meaningfulness. The infant discovers the breast and mother as an object in the process of losing them with the resultant mobilization of aggressive impulses in a first attempt at mastery of an outside world. This establishes a primitive relationship of the aggressive drive to all future relationships to objects and to the process of maturation.

Heretofore behavior has been envisioned too rigidly in terms of interaction of one person with another person or persons. This insistence on maintaining the identity of the individual within the pair or group has imposed limitations upon observational data. The author suggests that the specific identity of the individual is impaired not alone in the child and psychotic but to a significant extent in all mankind. This impairment of the sense of self is by no means all destructive in character. It gives man a sense of fitting into a mosaic in which he is an integral part. The dissolution of the transference does not involve the dissolution of these beliefs which are essential to man if he is to function on a genital level.

MAY E. ROYCE (234) directs her attention to a vestige of infantile development and its influence upon character. In *THE UNCONSCIOUS NEED TO BE AN ONLY CHILD* she says that the emotional maturity of the adult rests to a great extent on this quantitative fulcrum. Everybody has the unconscious need to be an only child. Failing in this the wish is to be the favorite child. In the relatively normal person the greater part of the unconscious need to be an only child is sublimated in various realistic measures of acquiring self-esteem by winning the esteem of his fellow men. He who maintains a marked fixation in these two planes develops

appear to the objective observer as unreal. However, the ego ideal may inspire man to performances which the ego would regard as unrealistic. An adequately functioning ego ideal is contiguous with the ego, serves it as a model of what one is as well as what one would like to be, and thus contributes to the ego's security. The ego ideal makes essential contributions to the process of sublimation through its influence for inspired performances.

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psychopathology ranging from neurosis to psychosis, including self destruction

The means used to perpetuate the unconscious need to be an only child include, among others (1) denial that there are other children by constant demanding of parental attention, (2) the fantasy of being an adopted child whose real parents will appear and claim their only child (3) choosing an older sibling as a parent, (4) accepting a sibling as one's own child and identifying with him, (5) being an actual parent to an only child and identifying with him, (6) substituting a mate or a friend as a parent surrogate and being his only child

The role played by constitutional, biological factors is probably more important in the emotional development of the child than is generally accepted Romm presents case history fragments to illustrate her thesis They are cited to indicate the possibility that several of the patients may have had exaggerated oral drives at birth, followed by environmental experiences falling on soil only too fertile for producing psychopathology

An attractive, intelligent, creative mother of one child sought treatment because of periodic explosive outbursts lasting from days to weeks, which had occurred for over twenty years She developed a marked change in personality with the birth of her first sibling when she was less than three and refused to accept sharing her mother At twelve another brother was born whom she accepted as her own Her subsequent emotional relationships were devouringly possessive with pathological jealousies She controlled her husband and others through threats of suicide and psychotic episodes Her dreams were predominantly oral and magical and expressed resentment of what she felt was the analyst's preference for others During a period of quiescence in treatment she said 'I not only wanted to be my parents only child, I want to be my husband's only child and have him as my only child I also want to be the only child of my daughter When her husband admitted that he could not love her as much as she desired she said she would 'fix him An hour later she was found dead, self poisoned, and crammed into a trunk in the fetal position

In all cases the unconscious need to be an only child was repeatedly and consistently demonstrated They all reacted with intense guilt over their cannibalistic and omnipotent drives Insatiably greedy, their self esteem was regulated by external supplies, and they clung parasitically to the ego strength of parent surrogates

The specific psychic and somatic illnesses arising from the cumulative tensions created by ego-alien drives were influenced by the following factors (1) the intensity and quantity of the early traumatic experiences,

(2) the ego strength at the time the unfavorable experiences occurred
 (3) their biological endowment which must have played some role in their hypersensitivity to life experiences. As a reaction to their intense anger and guilt they turned aggression on themselves and underwent acute psychic and somatic suffering. Their attempts at dictatorship were to cover their intense insecurities. It is speculated that the foundation for their illnesses had taken root before or during the weaning period.

The classic and traditional character disorder expressed in neurotic acting out is discussed by ROBERT L. HUNT (136) in *ASPECTS OF A CASE OF NEUROTIC ACTING OUT*. He describes the case of a clergyman whose behavior was characterized by neurotic acting out. The author demonstrates the biphasic nature of this symptom which was a defense against unconscious oedipal guilt and at the same time a neurotic fulfillment of oedipal wishes. A more detailed synopsis of this paper is found in Chapter VII.

Special forms of antisocial acting out are described by N. N. DRACOULIDES (66) in *AN ATTEMPT AT INTERPRETATION OF THE REACTIONS OF DISOBEDIENCE*. The expression reactions of disobedience indicates a number of behavioral and characterological disturbances including the tendency to disobey aggressively destructively criminally and general acting-out activities involving asocial tendencies and aggression.

From a dynamic standpoint all these forms of behavior are related to an explosive id reaction in the presence of an overstrict superego in subjects in whom instinctual drives are especially vigorous. This set of circumstances is particularly likely to occur at puberty. In general these are patients who have been frustrated and severely restricted in childhood and whose superego remains primitive and excessively harsh. The ego is extremely weakened and cannot mediate efficiently in the struggle between the id and the superego. When strong id demands make themselves felt they are not satisfied in a normal fashion but in a way which is displaced primitive and infantile. These attempts at discharge therefore cannot provoke anything but a very temporary discharge which is often accompanied by intense feelings of guilt and fear of punishment.

Persons whose legitimate wishes were denied early in life search for satisfaction by covert means. Very often their acting out has a very definite masochistic tinge. In certain cases a particular split may occur between the masochistic and the sadistic drives each being represented in the same individual in reference to different people or situations, i.e., they may disobey one certain authority but feel inclined to submit to another be it concrete or abstract real or symbolic. Another characteristic

of these conditions is their repetitive character. Even when the original source of frustration has disappeared, the conflict is displaced onto other persons and situations and will persist unless psychoanalytic treatment enables the patient to reacquire his internal freedom.

The classic picture of *THE IMPOSTOR—A CONTRIBUTION TO EGO PSYCHOLOGY OF A TYPE OF PSYCHOPATH*, is described by HELENE DEUTSCH (62). She points out that in such cases the ego is devalued and the pose is adopted in order to assume the magnificence of an unrealistic ego ideal.

The fourteen year-old son of a wealthy, self made man, respected in the world of business and philanthropy, was brought to the author for treatment. The boy had two brothers, ten and eleven years his senior. His mother, a simple, anxious, warmhearted woman devoted her life to the child, fulfilling his every need and encouraging the development of narcissism and passivity. In the first three or four years of his life his father ignored him. Despite his exemplary conduct in the outside world, the father was a tyrant with the two older boys, who eventually left home. He renounced them and took over the supervision of the patient. Kept at his father's side, he could identify with his "omnipotence." This resulted in some anxiety, but the boy complied and a strong bond developed. When the boy was seven, the father fell ill with a serious pulmonary condition causing a malodorous sputum lasting until his death. Concurrently, the boy became depressed, then became aggressive, tyrannized his mother and attempted to dominate his brothers. He became a disciplinary problem in school where he felt that he was above reproach because of his father's importance. He was twelve when his father died. He then made increased narcissistic demands, and devalued all authority. Soon afterward asocial behavior began.

This boy was seen six times at the age of fourteen. He was a typical young psychopath acting out in school, trying to impress friends with his extravagance, forging checks, and generally disrupting and truanting. He had an arrogant disrespect for all authority, considering all his teachers no good. For him they pretended to be something they were not. It was apparent that this referred to the father's disappointing decline and fall. He was infuriated because he was not acknowledged as someone special—this lent a paranoid quality to his complaints. His asocial behavior was a way of showing his specialness. He seemed to be affectively empty. When his arrogance and overbearing insistence that he knew better than the analyst were interpreted as an attempt to overcome his fear, he left treatment.

During the next eight years he continued to be irresponsible and unreliable. During the war, he volunteered for military service, impressed

all as a potential hero until one day when he was anticipating inspection by a severe officer. As in the past he truanted but this time unlike in civilian life he was unable to escape punishment. Under this stress he broke down with anxiety and a delusional state and was given a medical discharge. This frightened him into returning to the analyst. An opportunity was afforded to study his pathological acting out which had been sufficiently threatened by reality so that it was no longer adequate to hold internal dangers in check. His orientation toward reality was such that he used human relationships for the narcissistic gain that could be gotten from them. He was never really able to carry anything through but played at it and did a great deal of posing, becoming in turn a gentleman farmer, writer, movie producer and inventor. He was able to create the illusion that he was a genius for short times.

In striving for an ego ideal he was unable to find objects for identification because of his limited capacity for sublimation and his lack of talent. His grandiose fantasies could be satisfied only by naive acting out by the pretense that he was really acting in accordance with his ego ideal. It is reminiscent of the play of small children who act out what they want to be like. His ideals were not unattached to reality. He turned to external realities to gratify his narcissism. His emotional emptiness and poor moral structure suggest the *as if* personality. However in contrast to the *as if* personality his ego did not dissolve in the identification with the external object; he sought to impose on others his grandiose idea of himself. His only identifications were with objects which corresponded to his ego ideal. In addition he was aware of his disturbance.

Deutsch believes that all impostors have in common the fact that they assume the identities of others not because they themselves lack ability but because they have to hide under a strange name to materialize a more or less reality-adapted fantasy. The ego of the impostor as expressed in his own true name is devaluated, guilt-laden. Hence he must assume the name of another who fulfills the requirements of his own magnificent ego ideal. Later when this patient began to be successful under his own name his fear of being unmasked as an impostor increased. As the treatment progressed his fears increased as his acting out decreased and he entered the phase of anxiety. The anxieties assumed a more hypochondriacal character. Eventually he gave up his more grotesque acting out and his behavior became increasingly realistic, although still somewhat grandiose and impostorlike.

The paradox that resulted from the treatment was that the more effectively he functioned in reality the more anxiety he developed. When he had really been a swindler he never feared exposure but now

working honestly, more or less, he was tortured by the fear of exposure. In his honest work he felt like an impostor (an inner perception of his inferiority). In the beginning, it was suspected that he feared his own inferiority and that his anxiety was hidden behind a bloated ego ideal. The anxieties gradually acquired a phobic character and he had fears of being far from home. This evidently represented a counterphobic mechanism against his early fear of running away.

After eight years of psychotherapy he was transferred to another psychiatrist for continuation. There had been a certain modicum of success which was accomplished in a patient who, in the author's experience, was least capable of transference of all the patients she had seen. His grandiose acting out was called 'hot air' until it was greatly devalued. At the same time the therapist appealed to his narcissism by showing him what he could really achieve. He did not yet feel capable of playing the role his father had assigned to him. This high ego ideal, nurtured by his father, did not permit him to wait for the process of growing up to take place, and he demanded that he be treated according to this standard. The refusal of the environment to do so was regarded as an attack on this grandiose ego ideal, and gave birth to paranoid reactions. This brought him to the borderline of criminality, but when he began to feel defeated he ran away. Perhaps, had he had more aggression at his disposal, he would have gone further into criminality. His passivity directed him along less dangerous channels. What he was not, he could become by pretending. When this was thwarted, as in the army and through treatment, he was overwhelmed with feelings of inferiority, and the defensive function of his impostor behavior could be seen.

The author discusses the etiological factors outlined by Greenacre and W. Reich. These concerned the combination of indulgence and severity on the part of the parents. Deutsch's patient was not deprived, but was overloaded with maternal love, stifling any active strivings he might have had. Emotional overfeeding increases infantile narcissism, interferes with adaptation to reality and objects and results in intolerance to frustration. Upon this matrix, his despotic father further consolidated his passivity, and the father's narcissism prepared the basis for the son's later identification with him. All of this created a predisposition, but the traumatic experience of his father's disintegration provided the necessary precipitant for his pathology. No longer able to participate in the father's omnipotence, the boy's ego was crippled before the normal process of identification could take place. This devaluation of the father occurred in the latter part of latency, a period of great importance for the maturation of the ego for the establishment

of a less rigid superego, and for the capacity to cope with reality. He was not yet ready to transfer his identification with his father onto other suitable objects and assimilate the identifications into the self. This trauma was of great import because of its suddenness and daily repetition during the fatal illness of his father. Regression replaced progress and development, and sublimation was impaired. Passive feminine, masochistic masturbatory fantasies and fears of homosexuality were due to his failure to desexualize his relationship to the father. His relationship to his mother became submerged in his identification with her as his father's debased sexual object.

The pathological impostor endeavors to eliminate the friction between his pathologically exaggerated ego ideal and the other, devaluated, guilt-laden part of his ego, in a manner which is characteristic for him. He behaves as if his ego ideal were identical with himself and he expects everyone else to acknowledge this status. If the inner voice of his devaluated ego on the one hand and the reactions of the outside world on the other hand remind him of the unreality of his ego ideal, he still clings to this narcissistic position. He desperately tries through pretending and under cover of someone else's name to maintain his ego ideal, to force it upon the world, so to speak.

The author refers to the concept of the 'normal impostor' which she has found widely prevalent in her experience. This refers to pretensions common to most people, and is a milder form of the conflict shown in the patient. The identity between the ego ideal and the self is achieved only by saints, geniuses, or psychotics. One can never completely gratify one's ego ideal from within, so one pretends that he is actually what he would like to be. Often there are paranoid reactions in such normal personalities resulting from the fact that the environment has refused to accept this pose.

Bromberg, Gardiner, and Hart examine the phenomena of masochism and passivity in the next three papers.

In *MATERNAL INFLUENCES IN THE DEVELOPMENT OF MORAL MASOCHISM*, NORBERT BROMBERG (42) asserts that moral masochism is fostered by mothers in whose unconscious the child is identified with a parent toward whom ambivalence was felt, with a preponderance of hostility. These mothers are characterized by a high degree of narcissism, a wide disparity between their ego ideal and their behavior, and little real feeling of guilt. The superego of these women reveals a great disparity between what they practice and what they preach. They present themselves as devoted, self-sacrificing, solicitous, and kind, but the high

degree of narcissism and hostile attitude toward a particular child belie their pretensions. They advocate and enforce the repression of overt sexual impulses, but behave in a sexually provocative way toward the child as well as toward adults who interest them. These women have convinced themselves that "Mother knows best" and that they are perfect. Even when some defect is perceived it evokes a fear of what others will think rather than any real feeling of guilt. Identification of the child with one of her own parents fosters the mother's tolerance of her own transgressions against her offspring. Because the child represents a parental figure, the demands upon him for all types of gratification seem justified. Anxiety is warded off by the defenses of denial, projection, displacement, reaction formation, and rationalization. The great need to control is exercised over the children, the husband, or anyone else who has to or wants to submit to it. Object relations for these individuals are essentially anacletic and tenuous. Their friendships are limited in number and duration. The friends that remain are persons who allow themselves to be dominated and exploited.

Since the rejecting and hostile attitudes toward the child are often grossly apparent, the conscious control of the mother notwithstanding, the child begins to feel that he lives predominantly in a hostile world. His instinctual drives are excessively stimulated, but their expression is disapproved and prohibited. He is impelled to exercise control over his impulses long before he has the power to do so. The inevitable failure results in further punishment and loss of self-esteem. Ego development is impeded, the ego tending to become stunted, weak, fearful, submissive. The child becomes convinced that the most acceptable form of behavior is that which results in failure and suffering. Since suffering is so constantly associated by the mother with the concept of love, the child eventually accepts it as a form of love. It is not surprising, therefore, that the wish to accept pain, regardless of its source, is really a desire for it from some parental authority. This wish in turn is closely connected with the wish to have some passive sexual relation with that parent. So long as the ego is masochistic, the resolution of the oedipus complex is not completed. There is very little or no establishment of the judgmental and punishing part of the superego with which the ego ideal would ordinarily tend to fuse. No matter how far his behavior may fall short of his ideal, the child continues to fear only the external parental figure, not a conscience. Once the masochistic ego has been established, there is set into motion a vicious cycle of other characteristic manifestations which become as understandable as they are inevitable. When the masochist finds no destructive forces in his path, he sets about trying to find them. This accounts for his provocative and sadistic behavior.

Mingled with the sense of expectancy is a fear that the blow may be more than he bargained for. Hence there is a great need for control especially of the real or potential source of pain. In closing Bromberg suggests that in dealing with this type of mother it is more important to stress the need for honest recognition of hostile attitudes rather than to counsel perfection with regard to love and understanding.

MURIEL M. GARDINER (99) examines the relationships between FEMININE MASOCHISM AND PASSIVITY. Discussing the biological passivity of women Gardiner feels that the girl's wish to be passive to the father is not necessarily a masochistic one. So-called feminine masochism grows out of a normal feminine attitude but in the author's opinion masochism is not a normal feminine characteristic except within certain well-defined limits. Though biologically especially in the sexual act the human female takes a passive role it does not necessarily follow that masochism is a feminine characteristic a corollary of sexual passivity and normal in women.

In *A Child Is Being Beaten* Freud demonstrates that the masochistic fantasy arises from a passive libidinous tie to the father. This represents the inverted male oedipal attitude and the normal female oedipal attitude. Masochism is seen to be closely related to feminine attitudes.

Helene Deutsch feels that the normal passive oedipal wish is a masochistic one—a wish to be castrated by father. Gardiner disagrees and feels that the girl wishes for pleasure which can only be achieved passively. A wish to suffer pain from the father would then represent a regression to the anal sadistic level. Thus masochism is characterized by passivity but passivity can exist without masochism. The author further concludes that masochism is not a normal feminine characteristic except in a narrow sense as a component instinct playing the same role in female sexual satisfaction that exhibitionism would play in normal sexuality.

HENRY H. HART (125) discusses THE MEANING OF PASSIVITY its relation to instincts to erogenous zones to the defensive function of the ego to the superego and to object relationships. Passivity is described as a relative absence of activity. It is one phase of instinctual life which includes the biphasic process of activity and repose. Passivity is that tendency which follows the line of least resistance. When this tendency is adaptive and recuperative it is healthy. When it impairs adaptation it is unhealthy. The degree of passivity in the individual in part depends on constitutional hereditary and endocrinological factors. In infant

development, activity is seen to increase gradually, as the passivity of sucking and sleep decreases. Events or illnesses which tend to withdraw libido from muscular activity to the visceral and gastrointestinal tract will tend to increase the individual's passivity.

Erogenous zones are not specifically passive. They subserve active as well as passive functions. They can, in passive relations with others, become the focus of passive wishes. From an ontogenetic point of view passivity is greatest in the early oral stage of ego and libidinal development, when dependence on a mother's breast is necessary for life. Both too little and too much frustration of oral needs can lead to passivity. The most potent factor in lifelong conditioning to passivity is prolonged dependence on the mother or mother substitute. Other factors are excessive passive gratification in the anal zone by the mother and an identification with the maternal superego which makes all independence and assertiveness morally wrong.

Passivity is also seen as a defense mechanism at the service of the unconscious ego. It can operate as a defense against aggressive impulses just as aggressive impulses can operate as a defense against the fear of passivity. Fenichel looked on regression as the most passive of all defenses. Regression, however, does not always lead to inactivity but may result in a return to earlier forms of activity. Complete passivity is seen in the catatonic with waxy flexibility. The passivity seen in analysis is traceable to a partial regression, to a reliving of the period of oral dependence acted out in the transference. The strong ego is capable of flexibility and can change from the passive to the active role, using both in the overcoming of frustration. Such an ego can tolerate frustration without enjoying it or surrendering to it, while the weak ego cannot, because it is apt to surrender to it.

The relationship between femininity and passivity is examined. Much of the nineteenth century passivity of women was culturally determined. The passivity of woman is only phasic and introductory, since her more important biological satisfactions are active and creative. The active, aggressive, and creative urges of a woman are more smoothly effected when her passive reproductive needs are satisfied.

In the relationship between masochism and passivity, it is difficult to decide whether passivity is an ego defense mechanism or an instinctual gratification. Masochism is seen as a defense, which is set up in an early, helpless, dependent and passive phase of the ego's development, where there is no choice but to submit and enjoy it. Masochism is not identical, therefore, with passivity, but is often an ego defense against the intolerable anxiety of an earlier, helpless situation, operating by homeopathic immunizing doses of frustration and self-defeat, designed to create

autarchic independence from frustration. It is the desperate attempt of the infantile weak ego to win the love of the introjected parent at any cost.

Thought is seen as the antithesis of passivity, which is expressed by automatism and habit. Thought is action which makes many actions unnecessary. It is a characteristic of passive people that they are unwilling to think.

The next group of papers deal with specific characterological traits.

OTTO E. SPERLING (266) presents *A PSYCHOANALYTIC STUDY OF SOCIAL MINDEDNESS*. It is his thesis that 'In genuine social mindedness a highly sublimated form of love is directed toward an abstract object for instance, society as a whole, or toward the underprivileged. A minority in whom the motivation seems to be narcissistic in nature also identifies itself with the underprivileged.'

Three case histories exemplify the problem. Only the first is here cited. This man felt personally responsible for social improvements. Generous to a fault, he often allowed others to take advantage of him. He was the favorite child in the family, while his sister, a year younger, was often abused by the father for being naughty. The latter preferred the boy even to his wife. As a result the patient felt guilty toward his sister, and often intervened on her behalf. It would appear that his social mindedness was an overcompensation for the pleasure experienced when his sister was being spanked. However, this interpretation was not sufficient. Analysis demonstrated that the change from malicious joy to social mindedness occurred shortly after he himself was spanked by his father. By then, he had lost much of his feeling for his father despite the latter's continued expressions of devotion. The patient developed feelings of guilt as a result of the difference between the love he received and the love he was able to give. It was the strength of his love for his father that provided libido for his social mindedness. It was then revealed that this love appeared after he had suffered oral frustrations from his mother. In the author's experience, this is not an unusual situation. 'The evidence of a father's love which boys so often get while they still feel oedipal resentment against him creates that feeling of guilt later expressed in social mindedness. While children who are not loved feel that the world owes them something, those who are loved may, under certain circumstances, feel that they do not deserve it and believe that they owe something to the world.'

Freud refers to identification and reaction formation against sibling envy as partial sources for social feelings; but, the author asks what is

the source of the positive object relationship? He cannot convince himself that love arises from hate. He concludes that there exists a genuine libidinal source for social-mindedness. This originates in the early relationships with the parents and other family members. The mechanism of appersonation facilitates the transition from an egotistical community of interests to anaclitic love of the members of the family.

In his study of war neurosis, Sperling showed that groups are divided into two categories: the primary group, those people with whom we have personal dealings; and secondary, abstract groups, such as national and church groups. In the latter there is a strong element of transference coloring. Upon the secondary or abstract group is transferred love that was directed to the parents in the oedipal phase. In the primary group, the vividness and reality of the persons involved counteract such regressive and projective tendencies.

The motivations of social-mindedness are many. One must distinguish between genuine and spurious social-mindedness. Genuine social-mindedness arises from object-libidinal cathexis, while the spurious type is based on other motivations such as narcissism, exhibitionism, and masochism. While it is true that these components can be detected also in genuine social-mindedness, the principal cathexis is object libidinal.

Also dealing with object cathexis, but from a different point of view, MICHAEL BALINT (11) in *FRIENDLY EXPANSES—HORRID EMPTY SPACES*, asserts that a magical regressive attempt to regain the state of primary love may lead to one of two basic attitudes: an "ocnophilic" clinging to objects amidst "horrid" space, or a "philobatic" avoidance of dangerous objects in a world of friendly expanses. One group of people shows an intense need for objects, another regards them as a nuisance. The attitudes to amusement-park thrill rides show a similar division; one group dreads them, another seeks them out. The understanding of one observation offers a clue to the other.

Thrills in general, and many children's games, consist of three factors: (1) a safe zone, or a secure state; (2) a frightening exposure to some external danger, or a departure from the safe zone; (3) the confidence that (usually as a result of the skill of the player) all will turn out well. In one sense, the safe zone equals mother, and the skill and the equipment employed in returning to it symbolize a potent phallus. On this level, the thrill is the representation of the primal scene and the forbidden incest. The new terms are suggested to help in understanding the psychology of thrills, of the relations to the safe zones (objects) and the space (internal and external) around them. (1) The "philobar" seeks

thrills and enjoys them. He relies on his own skill to overcome any danger. His relation to the safe zone (mother earth) is ambivalent: it offers security and following the model of the acrobat it can be dangerous. His world consists of friendly expanses dotted with dangerous objects. He believes with undue optimism that with his skill he should and can avoid or conquer the dangerous objects. (2) The ocnophil shrinks from thrills: he prefers to cling to something firm—the safe zone—the object. He lives in fear that his object will drop him. He demands possession of the object without concern or regard for it. His world consists of objects separated by horrid empty spaces. As the ocnophil must touch his friendly object, the philobat must watch his dangerous object. For both the relationship to the object is ambivalent. The ocnophil is in constant dread that the object will drop him; the philobat views the object as a dangerous intruder.

Following Ferenczi's interpretation of flying—more accurately floating—dreams the meaning of the friendly expanse becomes clear. It is the wish-fulfilling memory of archaic primary love: of the state of oneness with the object—of the infant floating in the mother's arms or even earlier in the amniotic fluid. Both ocnophilia and philobatism may be viewed as magic defenses against the traumatic discovery of the separateness of objects. The ocnophil autoplastically attempts to deny the independence of the objects by clinging or later by introjection. The philobat repeats the trauma over and over. He leaves the safety zone and acquires the skill to maintain the illusion that there are no unpredictable objects: only the friendly expanses (and some conquerable co-operative objects). In alloplastic fashion he does change the world, but his skill represents regression by progression: for he too wants to regress to primary love, the state sought by both.

In the analytic process the couch, the session and the analyst may serve as an object for philobatic avoidance or ocnophilic clinging. Silence may represent a horrible hostile emptiness as well as a tranquil period of harmonious integration. Patients may approach in their regression states reminiscent of primary love. Here they wish only for the analyst's presence as a part of the friendly expanse. They want him to merge into the friendly expanse around them. Understanding these regressive states can lead to important working through.

otherwise correct technique of focusing on transference interpretation, i.e., object relations, tends to force the patient to cling to the analyst. The result of all this is an ocnophilic bias to our theories. We have developed theories of frustration and ambivalence, our theories on object relations are founded mainly on relations to part objects. In actuality the relations to concrete objects are secondary, it is the relation to the friendly expanse which is primary. We know less about relations to whole objects and about the phenomena of proper gratifications. We have a bias (and limitation) in viewing the early period of mental life in concepts and terms of the oral sphere. We may enhance our knowledge by a study, as in this paper, of extraoral spheres of human experience.

Relationship to objects and the need for separateness is the subject of the next paper, *ON DISCOVERING ONE'S IDENTITY*, by PAUL KRAMER (152). Utilizing a case report, the author demonstrates the factors which stimulated the precocious development of a sense of identity, and traces it to an unusual ego defect with pathological consequences for the total personality.

The patient, a middle-aged man, had been suffering for years from diffuse anxiety symptoms. Multiple childhood recollections stimulated by dreams, sensations, and compulsive phrases underlined the anxiety this patient experienced as a child in discovering his identity and separateness from his mother. This involved the recollection of discovery of his image in a pool of water upside down which was frightening to him. Once he was overcome by feelings of great helplessness, smallness, and weakness when he recognized that he and his mother were separate identities. Self-discovery was a traumatic process. He spoke of strange feelings of deadness involving all of his body except the organ or limb that was active at the moment. This led to memories of similar feelings as a child, viz., he would feel only his face when he cried, only his penis when he urinated, etc. An aspect of his castration anxiety was thus explained.

With other early traumata, traumatic weaning experiences seemed to have led to the discovery of the patient's identity. He had been told that he had almost died of pneumonia when he was nine months old. The material indicated that in this illness the patient for the first time perceived his mother not only as distinct from himself, for she failed to remove unpleasant and painful stimuli, but also as hostile, else why had she withdrawn and ceased to alleviate his discomfort? This early grave illness, Kramer maintains, brought a sudden and forcible interruption of the patient's unity with his mother. The infant's interpretation of this event as an expression of the mother's hostile intent led to a

burst of precocious development an accelerated and premature formation of an ego extremely narrow in scope and limited in its capacity for further growth

Well along in the treatment the patient began to refer to a part of himself as the little man. "There is a Goddamn little man in me that keeps laughing at you while you talk. Superficially this seemed like the description of a primitive archaic and harsh superego. Fundamentally it appeared more like an isolated autonomous ego element, an area of condensed reaction to the early perception of the patient's own weakness and helplessness. At times it utilized the superego content that adhered to it or overlapped with it for its own purposes. Thus when the patient was about to obtain pleasure or experience an improvement of his condition or tried to make use of a freedom of movement otherwise restricted, guilt feelings were used to enforce the little man's demands.

The patient's dominant symptom, his agoraphobia, was based on his identification of the process of awakening (often accompanied by anxiety) with being eliminated from the mother's body as feces. Falling asleep was equated with merging with the mother's breast. One involved the fear of separation, the other the dread of obliteration. They were opposed by the little man, a mother equivalent from whom separation was never to occur and the union with whom was not to result in cessation of individual existence. The little man formed no object relations and was in fact established in an effort to make such relationships unnecessary. Anxiety from threats to the bodily self or from increased instinctual tension called forth and was acted upon by the little man, whereas anxiety signaling the threat of object loss or loss of love was actuated and perceived by the rest of the ego capable of object relationships. The acquisitiveness of the little man in regard to libidinal energies restricted the ego in relating genital and aim inhibited libido to objects. Thus the patient's object relations were colored by the little man's pregenital attitudes. The tendency of the little man to mock and ridicule seemed related to the mistrust engendered in the patient when the mother failed to alleviate his suffering during his illness.

At one period in the analysis whenever the patient felt affectionate toward the analyst, he experienced a flowing together of his person with the analyst, as if he himself were about to disappear. He had the unconscious conviction that a complete object relationship would mean loss of ego identity and fusion with the object, a threat to his ego's narcissism and the little man's illusion of omnipotence which had existed prior to awareness of separateness from the mother. Total reunion being unacceptable to the ego, compromise solutions had to be found. Formation of the isolated ego part (the little man) tended to

restore and preserve the sense of omnipotence lost in childhood. It was concluded about the third year after a series of narcissistic injuries which produced a marked helplessness toward external influences (the mother's behavior toward his needs) and internal events (hunger, affective reactions, control of body functions, and of disease).

The author feels that the 'little man' did not simply constitute an identification with the denying, controlling mother, but became established primarily before the mother existed as a separate entity, and that many of her features were added later on. The patient's fear of dissolution when separated from mother surrogates, for example, was related to an identification with the missing penis of his mother. Earliest awareness of the mother's genitalia was coupled with the idea that her penis was hidden or would grow, finally after about a year the patient realized that mother's penis would never return. The patient said, "My fear of going outside started right there."

In conclusion the author observes that constitutional factors played a role, as in the inherent disproportion between the intensity of instinctual drives and the capacity for their mastery. The patient's life, character, behavior patterns, and neurosis showed the influence of two mutually contradictory tendencies. These were the desire to reunite with mother and the need to forestall such a reunion, to prevent the loss of identity, and the personal death involved in total reunion with her. One of the main functions of the 'little man' remained throughout life to prevent either of the above mentioned tendencies from gaining the upper hand and threatening the individual's existence. The establishment of this separate ego entity and, with it, the development of the severe neurosis thus secured the patient's life at the cost of a crippling inhibition of the ego's freedom of movement, a far reaching renunciation of instinctual gratifications, and the occurrence of attacks of paralyzing anxiety.

Perfectionism and modesty are the subjects of the next two papers.

In the *PSYCHOLOGY OF PERFECTIONISM*,¹ THEODORF G. BRANFMAN and EDMUND BERGLER (39) call this a defense mechanism in which the unconscious ego tries to escape the superego's torture and initiates one of its own.

In the preanalytic concept, perfectionism is regarded as a myth. In psychoanalytic literature—Freud, Jones, and Abraham—perfectionism is considered to be a facet of the development of obsessional doubts and ambivalence, upon which is later erected a rigid obsessive-compulsive character structure. The authors believe that perfectionism can best be

understood in terms of Bergler's concept of pseudo aggression. Perfectionism expects too much of life. In the orally regressed the wish to get is a defense against the wish to be refused. Perfectionism is a masochistic cloak.

IN MODESTY AS A QUASI MORAL RESISTANCE THEODORE G. BRANFMAN (37) uses the term modesty in terms of dress and also to pertain to the size or amount of a substance. Both meanings are psychologically related in that they deal with restricted exhibitionism.

The author feels that there is a preoedipal basis for the symptoms which can be understood in terms of Bergler's five layer theory of psychic phenomena. A patient's dream with exhibitionistic elements led to memories of exhibiting himself to his mother and grandmother. This was met with strenuous scolding and prohibitions against pushing himself into the limelight. His modesty was then revealed as related to the strong prohibition against anything that could be considered showing off or being in the limelight. Faced by the interpretation of his masochism with the emphasis on his sexual miserliness, the patient uses certain specific childhood precepts to justify in a quasi moral fashion his pseudo-aggressive withholding tactics. When the interpretation of his reluctance to give was shown to be a result of his wish to be refused, the patient responded by saying that it was only his modesty which made him hold back. This was what his mother taught and if he were to give his wife generously it would be showing off.

IN FAILURE TO UNDERSTAND HUMOR JACOB LEVINE and FREDRICK C. REDLICH (169) present the thesis that a person's failure to understand a simple joke or cartoon is due to an intellectual or perceptual blocking. The subject both denies what he sees and projects upon the joker an idea not actually expressed in the joke. The denial and projection are more complex than simple denial and their employment is the response to a greater break through of ego-alien impulses.

A Thurber cartoon pictures the entrance of a small frightened man into a large house against the background of which is drawn the huge head of an angry threatening woman. A competent professional woman could not understand the cartoon. Even after questioning and prodding she failed to see the threatening woman, the most conspicuous figure of the cartoon. When the outline of the woman's head was shown her she understood the cartoon but failed to see humor. Her hostile feelings toward men were checked only with difficulty; they caused anxiety and explosive outbreaks against her husband. The failure to perceive one

part of the cartoon seemed to have resulted from a desire to avoid facing the distressing conflict.

Failure to perceive an element present, however, is not the only defensive maneuver employed to avoid facing a personal conflict. Distortions of details may provide a more satisfactory resolution of some conflict activated by the humor. For example, a woman distorted a detail in an Addams cartoon, which pictured a man raking leaves under the feet of a woman who hung from the branch of a tree. The patient perceived the hanging woman to be a man who would be burnt. Transformation of the sex of the victim enabled her to adapt the humor to her newly conscious sadistic fantasies about her husband, but her intense wish for and fear of attack by her husband forced her to avoid facing such an attack, even in jest. "It is therefore probable that both inability to see a detail—denial—and misperception by projection produced her response to the pictorial representation of the popular fantasy about the much-abused husband who finally turns on his shrew of a wife."

Levine and Redlich maintain that the severity of the unconscious conflict is revealed not only by the reaction to humor but also by the ease with which the individual is able to correct his error in perception of the cartoon. Persons who cannot correct their misperceptions even with help are often psychotic. The authors regard errors in perception as similar to the parapraxes of everyday life, in which an id impulse is momentarily reinforced and the vigilance of the ego is reduced, resulting in the eruption of instinctual energy and resultant gratification. Following Freud's comment, "there is no doubt that the original motive of the smutty joke was the pleasure of seeing the sex displayed," they feel that misperception of a joke with a sexual or aggressive theme points to inhibition of scopophilic impulses, and that failure to understand humor dealing with sex or aggression presumably results from a conflict over the wish to see exposed sexual or aggressive impulses. "Whether humor evokes an affective or a perceptual disturbance, we infer that a preconscious conflict has been aroused which is censored but threatens to erupt into consciousness." But the nature of the defensive measure which may be employed cannot be forecast from the personality type of the patient observed.

For the proper appreciation of humor, the ego regresses in a controlled fashion; it gives up some control and momentarily subordinates its defensive functions, resulting in passive experiencing of humor and laughter. Part of the pleasure experienced springs from mastery, achieved both in past and present, of anxiety associated with the source of humor. The achievement of pleasure from humor demonstrates synergistic

functioning of adaptive and defensive ego functions. The residual anxiety generated by admission of the repressed into consciousness is tolerated because the ego is aware that the current danger is unreal.

Those who use humor as a defense by attacking and punishing themselves and others seem to achieve a token gratification. More direct means to hurt and master are unavailable to them by making others laugh; they exhibit both their own strength and weakness. The listeners are reduced to helpless laughter and thus are momentarily harmless.

Grief-stricken or melancholy people cannot laugh or enjoy humor. The humor of depressives, centering about introjected rage or self-punitive guilt, seems to resemble the humor of sadomasochists who use humor to attack others or themselves. Levine and Redlich suggest that this difference in the reaction to humor may be fundamental in distinguishing between various types of depression. Another person who cannot use humor adaptively is the so-called humorless individual. He has too punitive a superego to permit even a momentary relaxation and regression in the service of his ego.

J. C. FLUGEL's (89) essay *ON BRINGING BAD NEWS* deals mainly with the derivation and fate of the aggressive drives encountered in such situations. A conveyor of bad news is permitted a certain gratification of his aggressive impulses without the dangers of either external retaliation or internal superego reproaches.

Flugel distinguishes two classes of bringing bad news. In the first group, the bad tidings personally affect the individual only slightly, if at all. While in the second group, the news is also ominous to the bearer. The aggression in the first group is labeled extrapunitive and best described by the German word *Schadenfreude* (malicious joy at another's misfortune). Flugel suggests that a possible explanation for this state of mind derives from Freud's concept of the death instinct, namely, that the misfortunes of others are seized upon as an alternative to the destruction of oneself. However, the author feels that it is not necessary to involve the theory of the death instinct to explain the phenomenon of *Schadenfreude*. He explains this reaction in terms of the frustration theory of aggression according to which the aggressive components in those who formerly were cringed to or envied. Furthermore, a good deal of the aggression in these reactions reflects the displacement of hostile feelings from those who have indeed evoked the frustration onto innocent scapegoats.

Schadenfreude differs from direct aggressive behavior inasmuch as the misfortune is not brought about by the bearer of the bad news.

but by some independent agency. While this may eliminate certain satisfactions connected with the direct exercise of aggression, it also permits the avoidance of guilt. In some cases unconscious guilt can be aroused by calamitous events. This is usually explained by the unconscious omnipotence of thought. It may be that the misfortunes involved are so general or pertain to people so remote that they do not "tap" specific death wishes and thus escape the reproaches of the superego.

When the 'bearer' is himself intimately involved in the bad news, the aggressive satisfaction is 'intrapunitive' as well as 'extrapunitive,' and the satisfaction is masochistic as well as sadistic. The sadistic satisfaction is justified, since the 'messenger' also suffers. Furthermore, the sharing of the suffering lightens it. The fact that others are suffering helps the individual to free himself from a feeling that he alone has been singled out by a cruel fate.

Flugel points to a number of parallels between the aggression in bringing bad news and in certain cases of humor and laughter. Were it not for ethical and cultural inhibitions, bad news might readily invoke laughter. Bad news affecting oneself may arouse laughter as a defense against sorrow or irritation. This type of defense merges with the cases of humor described by Freud which reflect the kindlier and more protective aspects of the superego.

IV SOMATIC DISORDERS

The papers in this section deal with some general considerations in somatic disorders as well as specific somatic disorders. The problem of death was the subject of a book by K. R. Eissler.

In two papers MAX SCHUR (249) presents hypotheses concerning somatic disorders. In the first of these, *COMMENTS ON THE METAPSYCHOLOGY OF SOMATIZATION*, he advances the view that psychosomatic disorders represent a resomatization because of the failure of neutralization of libidinal and aggressive energies and the prevalence of primary process thinking. A detailed synopsis of this paper appears in Chapter III.

In *CONSTITUTIONAL ASPECTS OF PSYCHOSOMATIC DISORDERS*, MAX SCHUR (250) expresses the opinion that psychoanalysts have neglected genetics and suggests that this neglect may be related to an apprehension that its recognition would hamper therapeutic optimism. In his essay, Schur stresses the genetic factors in psychosomatic disorders but points up their role in various emotional disorders as well.

The author attempts to delineate the total condition of the pa-

tient. He describes the emotional state of the patient which is the product of the interplay of mental genetic factors and environmental experiences. It indicates the individual's potential readiness under the impact of external factors such as traumata or disease to react with a psychoneurosis or to supply the emotional factors involved in somatic reactions. Under the influence of this emotional state there also occurs a reaction of somatic genetic factors with environmental experiences to create what the author calls the reactive state. This refers to the individual's readiness to react in the somatic sphere. A disease is produced by the action of external factors on the reactive state. According to Schur the best example of the reactive state is the allergic state.

Qualitatively somatic genetic factors determine the relative specificity of the reactive state. They influence the severity of symptoms and the readiness with which other factors can replace the precipitating substance. The disregard of genetic factors may lead to absurd hypotheses in psychosomatic research. An example is the view that essential hypertension is based on the vicissitudes of aggression and its physiological manifestations. The author grants the importance of hostility for the individual hypertensive but states that essential hypertension is not caused by the way patients handle their hostility. He points to the significance of genetic somatic factors in essential hypertension and states that it is the quantitative genetic factor and not the quantity of his repressed hostility which decides whether the hypertensive will succumb to the malignant form of the disease.

In the psychosomatic disorders we are dealing with a personality structure not too remote from the psychotic. Occasionally we even have the definite impression of the somatic symptom as a last barrier against the outbreak of a psychosis. Schur feels therefore that the genetic background in the psychosomatic disorders and schizophrenia is not too different although the details of this relationship are admittedly vague and unsatisfactory. He applies such genetic concepts as linkage and pleiotropism in an attempt to explain these phenomena and also demonstrates the usefulness of genetic factors in an understanding of obesity, hemophilia, anorexia nervosa and other conditions. The significance of genetic factors in the emotional sphere is also stressed and the author mentions Freud's frequent allusions to constitutional factors both in the id and in the ego.

The relationship of psychosis to some somatic syndromes is the subject of the next two papers. The first of these presents the views of H. MENG and E. STERN (190) on ORGAN PSYCHOSIS. This paper develops

the concept that certain organic illnesses are the consequence of ego disturbances of psychotic proportions. While particular attention is paid to asthma and anorexia nervosa, the concepts are intended to cover other illnesses as well. Tuberculosis is mentioned in passing.

There is a group of psychotic processes which leads to organic changes for which the term "organ psychosis" is proposed and which should be differentiated from neurotic processes with organic sequelae. In such states one has the impression that the organic complaint is secondary to the psychic disturbance. The patients have traits and an ego structure frequently observed in psychosis, but from a clinical psychiatric viewpoint are not psychotic. The somatic illness appears to be a substitute for a psychiatric one. One may elicit a history of disturbed ego development in early childhood with a turning away from the outside world as a result of frustration and disappointment. In moments of later crisis, e.g., puberty, there is regression to this early level with passivity and lack of pleasure in grasping, holding, or incorporating.

Anorexia nervosa in puberty is primarily a psychologic disease. It starts in puberty as a tendency to be underweight in an effort to stem normal pubertal changes, and deny sexual urges and pregnancy fantasies. An inner voice, identified with the prohibiting and withholding mother, warns the patient against eating. Steinach performed experiments with young male rats, retarding their sexual maturation by isolation. He induced regression organically by frustrating drives. His results demonstrate the importance of the psychic factor. They also suggest the rational basis for psychotherapy as the treatment of choice in human anorexia.

Stokvis is quoted as subsuming asthma under the concept of organ psychosis. The disease starts with depression and depersonalization, in which the dividing line between body and outside world becomes hazy. The ego becomes passive, and affectivity becomes inhibited. Paranoid reactions, related to homosexual and heterosexual drives, appear. Women are primarily affected because of the strong female narcissism. Their body image, defective because of their strong tendencies to narcissistic identification, are never integrated with inner and outer reality.

It is generally agreed that the nuclear pathogenic conflicts in neurosis relate mainly to the oedipal phase of the child's development. In *PSYCHOSIS AND PSYCHOSOMATIC ILLNESS*, MELITTA SPERLING (265) presents the thesis that psychosomatic illness and psychosis are traceable to conflicts with the mother originating in the pregenital phases. The conflict between destructive and libidinal impulses during this period is reflected in the child's primary relationships with people, leading to specific ambivalent relationships. In neurotic compromises the repressed

wish can be fulfilled in the symptom and atoned for at the same time. In psychosomatic illness the patient denies the perception of bad or dangerous impulses and there is no return of these into consciousness in any form.

The cardinal feature of the genesis of the psychosomatic relationship between child and mother is the rewarding of the child for his dependence by the mother's presence, love and care. The mother gratifies her own unresolved dependence, omnipotent fantasies and repressed pregenital strivings through the child. This attitude of the mother must be recognized and dealt with if any success is to be achieved and is best done by simultaneous treatment.

The unconscious unwillingness of the mother to have the child get well is often fortified by other considerations such as a bankrupt marriage or a sense of personal inadequacy. The outcome of these factors is the rejection of the child when he is healthy and his acceptance when he is ill. Herein lies the fundamental difference in the mother-child relationship between the psychosomatic pattern and some psychotic patterns of response. In the latter the child is outrightly and consistently rejected without reference to physical illness.

In several cases this was based on unconscious identification of the child with a psychotic member of her own or her husband's family and the child was treated from birth as if he was not normal. In such a relationship the child has nothing to gain by somatic illness; it does not pay to repress destructive and sexual pregenital impulses.

In the psychosomatic relationship the onset, recurrence or exacerbation of illness is precipitated by physical separation, loss of love from the mother or substitute or by the threat of loss of love or even disapproval. The beginning of school, the birth of a sibling, the inception of a career, marriage, divorce, childbirth, infidelity, etc. are commonly seen as precipitating factors. An important gain in psychosomatic illness is the appeasement of the severe superego by releasing destructive impulses in bodily suffering. The libidinal and destructive impulses of patients in this category are characterized by the urgency of pregenital drives which the child and similarly the psychosomatic patient are unable to tolerate.

Some investigators have found a reciprocal relationship between psychosomatic disorder and psychosis, the one seeming to replace the other. The author finds that this is not a constant phenomenon; however, when a psychosomatic condition is transformed into a psychotic one, there must have been a change in the specific relationship with the mother which may occur in response to an actual change in the mother's feelings toward the patient or in the patient's interpretation.

of the relationship. If the patient cannot accept another object, he will withdraw his libidinal cathexis from real objects, which paves the way for psychosis. This withdrawal is a defensive attempt to deal with destructive impulses arising from frustration, in contrast to the psychosomatic defense, which uses repression as the main mechanism for dealing with these impulses. The withdrawn object libido serves to mitigate the destructive impulses. The degree of success in this attempt colors the clinical outcome.

In the course of analysis the patient is helped to experience and gradually to tolerate consciously feelings of anxiety and guilt. Depressions in the course of treatment are caused not only by awareness of destructive influences but also by the pain of separation from the primary love object. The anxieties of these patients originate in the earliest phases of development, when disappearance of the mother equals losing her through omnipotent destruction by oral and anal sadistic means.

In one case reported, the patient's trust in the analyst resulted in the development of a circumscribed transference psychosis instead of a more generalized one. However, the author finds that psychotic developments are unusual in the analysis of psychosomatic patients, and that analysis is the only method which can lead to a genuinely fruitful result.

Turning to specific somatic manifestations, we have a paper by ANGEL GARMA (103) ON THE PATHOGENESIS OF HEADACHE. THE ROLE OF INTELLECTUALIZATION, HARMFUL IRRITATION, AND SUPREGO AGGRESSIONS. Describing seven cases of simple headache and one of migraine, he emphasizes the role of the psychic acceptance of painful external irritations which were internalized and reinforced by the superego and which acted upon the rest of the psyche as harmful food does upon the digestive tract.

Neurotic headache has generally been attributed to repressed hostilities or suppressed anger. In the eight cases, four of whom were physicians in training, analysis Garma found the pathogenesis to be different: he ascribes the headache to the attacks of a damaging superego upon the rest of the patient's psyche. In some of these cases there were feelings of guilt arising from the intolerance of the superego toward repressed hostilities. In no case, however, were the headaches caused by an increase of repressed or suppressed hostile tension. It was rather an increase of moral masochism against which the other parts of the psyche defended themselves. An overstrict superego imposed upon the person the acceptance of painful external irritations. The cases were chosen because they had one cause of headache in common, namely marital conflicts.

A woman patient was raised with strong feelings of guilt about sex

Her concept of intercourse was anal and urinary. To a casual kiss she reacted with an angioneurotic edema of the lip. Intimacies with an impotent man were regularly followed by angioneurotic edema. Feelings of guilt made her consent to a marriage with an unloved man; they were intensified by extramarital affairs and by masturbation. The migraine attacks followed intercourse with her husband, which was for present and past reasons repulsive. The repulsiveness, however, was kept unconscious by the guilt feelings, by self-reproaches about frigidity, and by the submissiveness which was imposed upon the patient by the standards of her family. The cause of the migraine attacks was found in the assimilation of harmful irritations, which her superego forced her to accept, namely revolting sexual experiences, painfully imposed submissiveness, guilty conscience, and disgust of anal origin. She was an intellectual person who assimilated the attacks from the outside as well as from her superego in the seat of intellect, the head. In the unconscious the forced intellectual assimilation of harmful irritations also had an intestinal meaning, expressed in nausea and vomiting. In dreams the headache was relieved by the anal elimination of something undigestible.

In the cases described, intellectualization was a determining factor for the localization of the psychosomatic reaction; the head was substituted for the genitals. Other predisposing factors were traumatic experience in childhood concerning the head, e.g., accidents, blows on the head for punishment or psychic insults which impaired the self-esteem regarding intelligence. Another factor was identification with family members who suffered from headache or brain disease. It was always the superego that provided the dynamics.

The four candidates were preoccupied with the interpretation that their headaches were the result of repressed hostilities. This proved to be wrong. They were caused by genital conflicts combined with anal and oral regressions and castration fears, activated by derogation of their intellectual status and other aggressions by their wives and by conflicts arising from a reactivation of traumatic oedipus situations in the marriages. Headaches appeared in the analyses when the traumata were remembered. The coercion to accept irritating external influences in a state of defenselessness and mental inhibition was an essential feature. This led to internalization of the painful external irritations, reinforced by the superego. These irritations were symbolically equated with harmful and indigestible food.

FIDIAS R. CESIO (49) presents A CASE OF DUODENAL ULCER in support of the theory that the peptic ulcer syndrome is based on early regressive ambivalent conflicts with the mother.

This short paper is introduced with a succinct "Chronology" of theories of peptic ulcer the theory of latent femininity of the ulcer patient was proposed by G. Draper (1927), F. Alexander (1934) characterized the ulcer syndrome as "the hunger for the mother", T. E. Szasz (1947) added to this the idea of infantile rage, R. Pickford (1948, 1952) emphasized oral and anal regression, S. Margolin (1951) "demonstrated the importance of emotional factors" Garma's theory, to which the author says the description of his case corresponds, emphasizes "the hostile, introjected mother acting upon an individual in a state of oral digestive regression."

The patient's ulcer, which first appeared in puberty, was almost fatal to him. The therapeutic relationship was unfortunately very short lived, for when the conflicts in the relationship with his mother emerged in the transference, he was too terrified to remain in treatment. The mother was unconsciously experienced as a destructive, threatening introjected object, a 'bad' object, and thus not fully assimilated. The mother was in actuality a cruel disciplinarian who forced him into regression to the 'oral digestive' phase, of which the sadomasochism manifested itself in the ulcer.

Only once in the course of the short therapy did ulcer symptoms appear following an event in which the patient barely escaped death by assassination. After this he was haunted by the image of a gun on his neck, while experiencing peculiar sensations in his stomach, which then later developed into typical gastric pains.

A STUDY OF A CASE OF CONSTIPATION, by ROLAND BAYET (21), outlines some of the psychodynamic factors in a patient with very severe constipation since childhood. The patient was a governess, twenty-two years old, whose analysis was interrupted after nine months because of tuberculosis. She had been severely constipated as far back as she could remember. Around the age of five, she moved her bowels only every three or four days; at the age of seven she had an intestinal occlusion, for which an intestinal resection was performed. At that time she had movements at weekly intervals. Subsequent to the operation, after a relatively short amelioration, the constipation increased to one movement every fifteen days to a month. During these crises she suffered from abdominal and lumbar pain with nausea and vomiting, headaches and occasional hyperthermias. Around the age of twenty, anastomosis between the sigmoid and the transverse was performed. After two weeks' improvement, the constipation returned even more severely (bowel movements every forty to forty-five days).

The patient was the fourth of eight children, the youngest of whom

died when the patient was thirteen. The father was authoritarian and intransigent, a brutal alcoholic who punished her without reason; the mother was understanding but very weak and ineffectual. The patient was artificially fed because of an illness of the mother, and after a few months she was placed with a very loving female relative who died when the patient was seven, after which she was placed with the paternal grandparents. The grandmother was brutal and intolerant.

The intestinal occlusion occurred while she was with the grandparents, a day after she had been severely punished at school. After the operation she left the grandparents and alternated between her own home and a boarding school to which she went whenever life at home became impossible. Around the age of nineteen she wanted to enter a convent but was dissuaded by the Mother Superior, and she then became a governess.

She had never masturbated, nor had she had sexual relations. At the age of twelve she had been mildly handled sexually by a young man after which her constipation worsened.

Some of the relevant clinical material which emerged in the course of this brief analysis centered around the death of her younger sister for which she felt responsible. This child was in the patient's care and she let her fall several times; she died after an aggravation of an illness which the patient felt was due to her letting the child catch cold. This memory telescoped with another in which the patient was a counselor at a camp where a girl in her group drowned during her absence. The patient was quite aggressive but was afraid to let her aggression express itself. She was intensely masochistic, particularly in her relationship with her mother.

The author feels that there was a massive libidinal fixation on the intestinal tract with extreme regression. There was a marked tendency to use denial and projection, and a tendency to act out. Because of these regressive characteristics associated with a tendency to sudden tension discharges, a great amount of precaution in the handling of the case was necessary, and no objection was made when the patient manifested a wish to interrupt treatment. At that time her condition had improved somewhat; the stools were more frequent (every fifteen days), the amenorrhea had subsided, and she was somewhat better adjusted socially.

The author feels that the patient's condition is the result of a masochistic identification with the mother, and yet he found no signs that the constipation represented a hysterical manifestation relating to the mother's repeated pregnancies, although he believes that the patient's constipation was essentially based on functional factors.

Epilepsy is the subject of two papers by MARIO MARTINS (186) In the first, entitled CONTRIBUTION TO THE PSYCHOANALYTIC STUDY OF EPILEPSY, he attempts to elucidate the contents and the nature of the traumatic situation which presumably underlies this condition

After a review of the literature on the subject the author presents the revealing dream of an epileptic woman which is the focus of the communication Following an air disaster (in which the patient was not involved) she related the following "It's about the air disaster Some one tells me that it did not result from the airplane crashing into the mountain, but rather that something occurred during the flight which panicked all the passengers The pilot, in the process of trying to calm them, lost control of the airplane, and it crashed" Here it became evident that only an eye witness could have told this story, and since all in the airplane had died, the idea of resuscitation after death was concealed The one telling the story to the patient is a young lady with whom she identifies, the idea of dying is part of her experience in her convulsive attacks

The dream, it is suggested, portrays something like the very psychic conditions, *traumatic* in nature, which bring on the attack, here the ego is represented by the pilot who fails to master the flood of drive, and thus the traumatic situation ensues, in these conditions the convulsion is mostly a discharge phenomenon, but it also has the significance of an attempt to remove the source of excessive stimulation

In the second paper, DEFENSE MECHANISMS IN EPILEPSY, MARIO MARTINS (187) asserts that the content—latent or manifest—of many clinical manifestations of epilepsy can be understood in terms of its etiological relationship to traumatic primal scene experiences He focuses on the defense mechanisms used by the ego of the epileptic to cope with the internal dangers

In his previous communication the author attempted to establish the dual meaning of the convulsive crisis in the epileptic (1) as a discharge phenomenon (2) as an attempt to remove the source of excessive stimulation The mechanisms of defense in epilepsy are aimed at the latter For instance, the use of the mechanism of isolation is in part the symbolic representation of the urge to maintain the parents separate from each other

Primal-scene experience being the source of stimulation, a variety of maneuvers aims at mastering it in different ways In this activity, the ego uses any and all mechanisms of defense, what is characteristic of epilepsy in this respect is not the mechanism of defense used but the traumatic core of the illness against which the defense is directed For

instance, the obsessive rituals of some epileptics aim at mastering primal scene traumata. The Wolf Man and other cases from Freud's clinical papers are cited to show how primal scene traumata are bound to be at the core of psychoneurosis.

As to the role of the aggressive drive in epilepsy it is pointed out that the not infrequent "epileptic furor" which is a crisis of violence perhaps like a catatonic stupor, is an instance of externalization of the violence of the incorporated sadistic primal scene experience.

The central idea of this paper is that the epileptic attack and other symptoms and character traits of the epileptic are often the ego's attempt at manipulating the hostile internal objects in various ways.

The ultimate in somatic phenomena, death is the subject of a book by K. R. EISSLER (73) *THE PSYCHIATRIST AND THE DYING PATIENT*. In this book the author surveys psychological, social, and medical attitudes and concepts about death. On the basis of three case studies he illustrates psychiatric work with patients who were approaching death. He discusses the concept of *orthothanasia*, dying in a manner adequate to the reality of death as a counterpart to *euthanasia*. Chapter X contains a complete synopsis of the book.

V DISORDERS OF IMPULSE CONTROL

The papers in this section are all characterized by the fact that impulsive manifestations dominate the clinical picture. Most of the papers concern themselves with the disorders of impulse control of a sexual nature, the perversions while two papers deal with addiction.

In *NOTES ON THE PERVERSIONS* F. PASCHE (219) distinguishes the structure and processes involved in the neurosis and perversions with particular reference to the concepts of neurosis as the negative of perversion and that of defense in the perversions.

He takes as illustrative examples the *obsessional neurosis* and the *masochistic perversion*. Common to these two conditions is regression brought about by the anxiety due to the dammed up instinctual impulses which cannot find an outlet for constitutional reasons or because of parental prohibition. For this process to take place, the existence of a formed superego is not essential. The establishment or reestablishment of powerful anal-sadistic or anal-erotic drives occurs and at this point the neurosis or perversion becomes differentiated. In the case of the neurosis an active ego employs repression, isolation, and undoing to

that there is any specific conflict in homosexuality. Analytic study emphasizes the fear of passivity and narcissistic aspects of the ego.

In this paper, three homosexual men are compared with three nonhomosexual men who had potency problems. Both groups were equally concerned with unconscious conflicts involving passive sexual aims. All patients showed fear of anal attack which was also amply demonstrated in the transference. The nonhomosexual showed feminine identification that was as marked as in the homosexual group. The passive wishes to men (in the nonhomosexuals) tended to be repressed and projected; the passive wishes to women were not warded off as strongly. The passive wishes to women were not as obvious in the homosexuals but certainly were present.

Most homosexuals actually fear bodily injury if they submit to anal coitus, probably the extent to which they can deny castration anxiety determines whether or not they can allow anal intercourse. Castration fear inhibits active phallic behavior toward a heterosexual object, and also stifles passive feminine trends.

In all six patients pronounced anality accentuated passive feminine trends and enhanced a frightening negative oedipal conflict. In most homosexuals the sexual behavior represents satisfactions of the preoedipal period now re-enacted with the homosexual partner. The phallic mother is preferred as an object to the dangerous fulfillment of passive anal trends with the father. This is so because the latter wishes involve castration. Unconscious wishes to the father may break through repression and appear as phobias. The type of homosexuals described here emphasized masculinity and repudiated femininity. They could be described as object homoerotics. Yet analysis revealed that they too were essentially passive. Their masculinity was defensive, a view shared with Jekels. The conflict over negative oedipal wishes (passive anality involves the threat of castration) supports the view that every homosexual suffers from a neurotic conflict, if not from an overt psychoneurosis.

The major difference between the two groups was in the ego. Two of the homosexuals had serious disturbances in early relations with the mother. Both showed excessive narcissism and extreme difficulty in making close contact. The nonhomosexuals had a close early relationship with the parents. Despite violent hostility to the mother, repression of sexual drives and later disturbances in relations with the mother, they did not develop that specific narcissistic cathexis of the ego characteristic of homosexuals. Two homosexuals showed episodic alterations in ego boundaries with partial loss of reality testing. Some made free use of projection almost to the point of paranoid delusions. Yet it is doubtful that the concept of a typically homosexual ego could be upheld if suffi-

cient homosexual patients were investigated psychoanalytically." One homosexual "approximated a normal ego." Failure to experience satisfactory early object relationships leads to an inability to develop inhibited drives and the capacity for sublimation. Identifications are unstable because of ambivalence conflicts. There is a predisposition to narcissistic cathexis of the ego, resulting in instability and the use of such primitive mechanisms as denial, reversal, and projection.

All three homosexuals had absent or ineffectual fathers. This was not so with the nonhomosexuals. They could identify with a virile father, the absence of such identification leads to hypertrophy of feminine identifications in the ego.

Homosexuals probably show a range of degree of early trauma and a corresponding range in degree of ego disturbance. The greater the ego abnormality, the greater are the obstacles to treatment. Homosexuality can occur in persons with a relatively normal ego.

Pursuing his examination of the nonsexual meaning of homosexuality, LIONEL OVESEY (208) in *THE PSEUDOHOMOSEXUAL ANXIETY*, presents a clinical report of one case to illustrate the "adaptational" view of homosexuality. He emphasizes the anxieties about dependency and power strivings, the "pseudohomosexual" components. These may seek a genital outlet, according to the author, but their goals are really not sexual in nature.

A thirty-year-old married man came to treatment for a marital problem—increasing impotence and resentment against his wife. He also complained of lifelong feelings of inadequacy, inferiority, and lack of confidence. His symptoms were precipitated by his failure to make the grade as a commercial pilot after a successful wartime record. Therapy began with a recitation of his long list of failures, then his deference to authority. Dream material illustrated his fear of assertion, aggressive or nonaggressive. While there was unconscious homosexual material and transference material in the dreams, these were not brought up.

When he found himself unable to assert himself in a competitive situation, he experienced "pseudohomosexual" anxiety. Thus he projected—in a dream he was being chased by a big guy who took a cigarette and stuck the lighted end in my stomach, I yelled for help. He identified the assailant as a fraternity brother known as Stud, went on to talk of a homosexual overture. He recognized the dream as a homosexual assault.

An adaptational analysis shows that motivationally the dream has nothing to do with sex. The patient used the homosexual act to symbolize an adaptive failure in a completely different area of behavior. The

dream is considered the end result of a dynamic sequence of ideas related to each other through a symbolic but logical equation. The origin of this is in the marital relationship. First he failed as a pilot. He returned to school, his wife went to work; his wife became the man, and he the woman; thus socioeconomic change became a change of gender. This failure in masculine assertions sets the equation in motion and carries it through the sequence: I am a failure = I am not a man = I am castrated = I am a woman = I am a homosexual. The terminal idea generates pseudohomosexual anxiety, i.e., an anxiety misinterpreted by the patient as homosexual in its motivational origins, when in reality he is concerned with a failure in nonsexual assertion. The defense against this anxiety is the paranoid projection that gives rise to the dream.

On the basis of three dreams the patient was told that he was not homosexual. All the transference material (with the exception of castration as a form of retaliation) was explained. The anxiety diminished, drinking and insomnia stopped—at the end of the first six months. The patient then made overtures to his wife, which provoked oedipal material and much competitiveness. Then came dreams with conscious associations of castration. The castration anxiety, the oedipus complex, and the inhibition of assertion were tied together—at the end of the first year. In the second year, the patient was encouraged in sexual and occupational assertiveness.

Ovesey feels that since no homosexual erotic component was discovered, any interpretation of latent homosexuality and the feminine component in the instinctual framework would have impeded therapy. Even if a truly homosexual motivation were present, it would not have excluded the coexistence of the pseudohomosexual conflict; this would have to be analyzed as an entity in its own right.

The last of this group is a brief paper by JOSÉ REMUS ARAICO (8), *DEPRESSION AND CHARACTER DISTURBANCES IN A HOMOSEXUAL*. The author attempts to lend further clinical evidence to Melanie Klein's theory of homosexuality to the effect that this perversion is an instance of "manic defense," which the ego uses to overcome experiences (or "anxieties") of depressive character.

The patient's inhibition of genitality was also based on unconscious fantasies relating to his own destructive impulses. He would not approach the object (genitally) for fear he might destroy it. The analysis ultimately enabled the patient to become heterosexual by contributing to the reintegration of his personality, thus making the homosexual defense unnecessary.

In the course of the analysis the analyst dealt with his countertrans-

ference (which manifests itself in doubts fantasies etc) along with the patient's associations His countertransference reaction was sometimes used by the author to reflect the true nature of the patient's impulses

Two papers one by Greenacre and the other by Mittelman concern themselves with fetishism

PHYLLIS GREENACRE (111) in FURTHER CONSIDERATIONS REGARDING FETISHISM supplements an earlier paper on fetishism³ in which she pointed to the unusually severe castration fear of the fetishist This stems essentially from disturbances of pregenitality which render the child structurally unsound and insecure in meeting the normal castration threats of the oedipal period Greenacre examines three topics (1) the interrelation between different types of perversion (2) certain problems of body reality and their relation to the general sense of reality and (3) aggression and acting out in relation to the reality sense

Greenacre's experience has been that while there is usually one preferred perversion other perverse activities may be instituted at different times or even concurrently In the fetishist it is the traumatic disturbance of the phallic period which leaves the deposit of a specific content which is acted out in a compulsively repetitive or ritualistic fashion in a search for sexual relief The sexual act is too aggressivized and the fear of castration fits too readily with the identification through vision and with the fantasy of punishment for killing Intercourse is a struggle to preserve some sense of body integrity

Relevant to the author's second point is Winnicott's article on transitional objects Previously Loewenstein had suggested the possible derivation of this transitional object from the genital as well as from the breast Greenacre feels this period to be of special biological and pathological significance in the history of the fetishist She suggests that there occurs an inadequate integration of visual (or oral) aggression with its accompanying libidinal component on the one hand with tactual sensorimotor drives on the other Visual oral aggression remains overly strong whereas tactual support is deficient and has to be specially maneuvered in the construction of the fetish of adult life

The sense of identity and of object reality of the self is much influenced by the process of definition of the sense of sexual identity The latter is undermined in the second period of traumatic disturbance in the fetishist i.e. the vulnerable phallic phase Not only is the whole body of the fetishist more than ordinarily equated with the phallus but every part of it may become genitalized Greenacre describes a shoe and

³ See *The Annual Survey* Vol. IV pp 229-233 1953

foot fetishist who required women to wear shoes which bound around the ankle. In the absence of the fetish he would feel tourniquetlike sensations around his own arms and legs. He had early witnessed sadistic sexual attacks as well as abortions performed on his mother. Also, in the phallic period he had had a very bloody tonsillectomy. Subsequently there had been repeated attacks of "rheumatic fever" during which his legs were bandaged. In latency he had acted out fantasies of being the fascinated slave of his girl cousin, who impersonated Cleopatra. In this play there was a mutual mirroring identification between the two.

Greenacre emphasizes the stereotypic quality of the fantasies of the fetishist and their tendency to be expressed in body terms and symptoms in repetitive fantasies associated with masturbation or anticipated coitus, or in ritualistic acting out. She feels that the predilection for acting out probably stems from the extreme stimulation of aggression in infancy frequently resulting in frozen immobility, but with a susceptibility to active irritability when the crisis is past. Accompanying this immobility is a psychic state of unreality which corresponds to the topical unreality state of the later perverse patient. With the subsequent and usually specific traumata of the phallic period the activity pattern becomes rigid and repetitive, much like the action tendencies of the traumatic neurosis of later life. Through all this the full pleasure of libidinal maturation has been vitiated by the tensions of the excessively strong aggressive components.

This early suffusion of the infant with aggression, with its paradoxical immobility, establishes a kind of automatic reversal of reaction at a psychophysiological level. The author suggests that this may be the paradigm of later forms of quick denial and reversal so characteristic of the fetishist and so complicating to his treatment. In addition, the acting out tendencies of the patient have generally led to reality complications increased his guilt and have favored defensive denial and the flowering of projective screen memories.

BELA MITTFELMANN (192) continues the same area of exploration, albeit from a slightly different angle in *MOTOR PATTERNS AND GENITAL BEHAVIOR FETISHISM*. He points out how various aspects of motility with primary emphasis upon the affectomotor and vigorous rhythmic phenomena may contribute to fetishism, as well as other disturbances. Mitfelmann feels that in the earlier phase the fetish represents an undifferentiated phallus that is as much of the father as of the mother. Because of the expanded theoretical consideration, this paper is synopsisized more fully in Chapter III.

The last two papers in this section discuss addiction

JULIA MANNHEIM (184) in *NOTES ON A CASE OF DRUG ADDICTION* describes the case of a female drug addict with extensive symptomatology including obesity insomnia manifest homosexuality gambling phobias and morphinism She died in the fifth year of her analysis after prolonged hypertensive cardiovascular disease from a cerebral accident

The patient's father was an insatiable Don Juan who seduced and stimulated the patient while her mother was an extremely narcissistic woman with a fear of aging The patient was raised in a strict disciplinary and frustrating manner During the first three months of life she suffered from vomiting diarrhea breath holding and convulsive crying It is clear that she was the rejected child of a sadistic mother and her life became a seeking for the mother's breast She married at seventeen and had one child a boy Her morphinism began after surgery at the age of nineteen and continued for eighteen years The onset coincided with the appearance of her manifest homosexuality Throughout her analysis she abstained from both

In analysis she developed a quick positive infantile imitative transference relationship Her fear of heterosexual relations was related to the sadistically conceived primal scene This contributed to her fear of sleep and her prolific dreaming Her gambling—exclusively with men with pleasure at wrenching or tearing their money away from them—illustrated her castrative aggressive attitudes which had originated to ward her father in her fifth year following the birth of a baby sister Analysis uncovered the trauma of her mother's pregnancy during her fifth year Fantasies showing identification with the fetus and sadistic fantasies aimed at the mother's abdomen emerged The patient's paranoid attitudes focused around both feces as the persecutor and fears of being poisoned

In the fifth year of her analysis feelings from the fifth year of her life were re-experienced with an increase in claustrophobia and in the hypertension The patient's internist reported that her life was in danger unless she could lose weight and sleep The therapist in an effort to provide extra analytic security for the patient worked out a diet for her while her internist also prescribed a new brand of hypotensive tablets however the patient felt that she could not swallow them The analyst offered to discuss this situation in a consultation with the internist but before this meeting could occur the patient had a fatal cerebral hemorrhage

The author concludes that the multiple symptomatology represented an unsuccessful attempt to bind the excessive traumatic primary anxiety

that the addiction was an additional effort which also failed to do so. The alternative would have been psychosis. The strategy of treatment was to substitute less noxious addictions (such as reading) for the morphinism. The impulse to addictions derived from a mixture of paranoid (primary anxiety), depressive (introjective), and homosexual (oceanic longing) elements.

IN *PACTS, POSSESSIONS, AND THE ALCOHOLIC*, STANLEY ROSENMAN (237) points out the distinctive aspects of alcoholism as compared with other mental illnesses. These are its continued tie with morality, religion, and politics of the crusading variety. The author presents a dominant unconscious fantasy peculiar to many problem drinkers, which seizes upon alcohol for its actualization. He discusses the influence of this fantasy on the superego organization of the psychopathic personality, its role in the psychology of the temperance movement.

Alcoholism is the only psychological illness which has provoked the organization of a morally toned international political movement, viz., the temperance movement. Self-recovery groups, such as Alcoholics Anonymous, are usually closely allied to religious beliefs and practices. In fact, the religious ardor is of primary significance. An Alcoholics Anonymous meeting resembles a public confessional where one repents.

The author discusses the particular nature of the sin committed by the alcoholic from which both the general population and the alcoholic recoil: primitive orality. It is governed by the primary process and accompanied by animistic thinking. The early oral fixation further involves seeking a magic power which will assure nurturance. The incorporative aspect involves the concept of the unified parental object which may be fragmented into the good parent and the bad depriving parent. The free use of projection helps to understand the frequency of paranoid trends in the alcoholic. The alcoholic is bitter about his lack of adequacy and blames his parents. He hates the good father, whom he holds responsible for his degradation, and appeals to the rival bad father for relief from his miserable lot. The alcoholic is a person who seeks immediate and extraordinary position and power beyond the ability of ordinary mortals. He therefore renounces the Lord and turns to Satan. The images of the good father and bad father assume the grandiose masks of God and the Devil.

Alcoholics characteristically blame their behavior on something or someone inside. The concept of being controlled from within is related to early diffuse unclear ego boundaries. In the alcoholic, self-awareness is easily lost. At a later point in a binge or in the alcoholic illness a clearer self-percept makes an appearance. A struggle ensues in which

the individual bewails his lack of will power to overcome his craving. At this point the Devil becomes something less than extraordinary and assumes the role of the castrating castrate. He is regarded as the injured one. The Devil would emasculate in vengeance for his own impotence. The Devil may also represent the hostile mother. The pregenital stage of the alcoholic makes tenuous distinctions between mother and father. At this point the all-conquering God emerges. The patient is contrite and loathes himself. The alcoholic is willing to shift his allegiance by becoming the servant even if a degraded one of the victorious good father, hence the alcoholics self belittling ritualistic and humiliating repetition of long past errors as he addresses an Alcoholics Anonymous audience. The Alcoholics Anonymous member is a prodigal son.

The nature of the superego in the psychopath remains controversial. Some authors assert that the psychopath lacks a conscience. Others contend he not only has a superego but that it is more virulent than the normal one. A third group believes that the psychopath has a malformed and weak superego. In the author's experience the alcoholic psychopath never reaches the level in which the cleft images of moral authority are integrated. The psychopathic superego retains its disjunction: one part symbolizes the bad father urging degrading performance and the second is the forbidding good father who insists on retribution before reconciliation. The alcoholic strives to deprive authority images of any right to judge and censure. Because the alcoholic uses projection onto the external object, he may superficially manifest anxiety rather than guilt. Antisocial behavior is viewed as id originated ego conived and superego circumventing. But this view does not explain the criminal code, i.e. exultation at performance of antisocial deeds. The author suggests that this code represents in essence the Bad Father's moral injunction upon the criminal to uphold both the Bad Father and one's Bad Sibs. It is similar to the infamous Black Mass where the highest praise is given to that witch who claimed the most destructive deeds.

CONCLUSION

To discern a trend in such a heterogeneous group of papers as represented in this chapter is well nigh impossible. However, one senses an almost paradoxical situation when a considerable number of papers is devoted to symbolism in the traditional sense while another group launches a sharp critique on some of Freud's other views such as those on latent homosexuality in paranoia. Many of the papers reveal a continuing trend toward re-examination of familiar problems in the light of ego psychology.

Chapter V

DREAM STUDIES

JOHN FROSCH, M D

The articles in this section fall into two main categories, those concerning themselves with some aspect of the dream work and those which utilize the dream to contribute to the understanding of other phenomena. Obviously, such a division may at times be artificial.

The first article in the first group of these is a condensed English translation of HERBERT SILBERER's (258) classical work on *THE DREAM*. INTRODUCTION TO THE PSYCHOLOGY OF DREAMS. This was prepared by Jacob Blauner, who points out that Silberer's principal stress was on the elementary phenomena and the starting point of the dream, in addition, Silberer contributes his own expansion and modification of contemporary Freudian dream theory. Silberer explores his areas of difference and agreement with Freudian analytic theory.

Both 'sober realists' and the "romanticists" have gone too far in rejecting and in overvaluing the dream. Silberer compares attitudes toward the dream with attitudes toward the enigmatic in general, some, with a kind of poetic sensitivity, are fascinated by and wish to preserve or even increase the aura of the mysterious, others press for full light and full objective explanation. Poets and philosophers have at times been far in advance of scientists in their understanding of dreams. Hebbel wrote, "If a man could decide to record all his dreams faithfully and circumstantially and without restraint, with an added commentary as to his own explanation of his dreams from life memories or from his reading, he would be performing a great service to humanity." Ancient dream books reveal astonishing understanding of the meaning of dreams and of psychology in general, but Scherner was the first to study them scientifically, attempting to unravel the psychological content. He grasped the concept of symbolism and pointed out the role of bodily sensations in the creation of dream images. Though others elaborated

to some extent the original work of Scherner little of significance was added until Freud turned his attention to the problem.

Hypnagogic hallucinations are examined in detail with special reference to their relationship to dreams. Such hallucinations are intensely vivid images occurring in the predormescent state images derived from thoughts as one drifts toward sleep. Strenuous abstract thinking is replaced by less tiring imagery in which however "perception" is used in a wide sense to include experiences in addition to the optical. It is this fusion of various sense experiences which lends to the hypnagogic hallucination its quality of intense reality. Example: presleep preoccupation with the need to correct some passages in a scientific paper was replaced by the image of planing (smoothing out) a piece of wood (the paper). Sometimes the image reveals *how* rather than *what* one has been thinking. Example: the unsuccessful effort to develop an idea evoked a hypnagogic hallucination of climbing a steep slope but losing ground as the footing crumbled. Similarly bodily states, kinesthetic sensations and perceptions of external stimuli may be reflected in such imagery. With many additional examples drawn from his personal experience Silberer illustrates condensation, ambivalence, displacement and other mechanisms employed in the creation of the hallucinations. The resemblances between their construction and the construction of dreams are impressive. Silberer found certain images characteristic for the moments of falling asleep and of awakening. They constitute "the symbolism of the threshold." The images of the dream itself may be the same as those of the preceding hypnagogic hallucination. In essence these hallucinations are rudimentary dreams; in actual sleep the psyche sinks into a more primitive way of functioning.

The study of these rudimentary dreams led Silberer to conclude that the phenomena of symbolization fall into three groups: material, functional and somatic. Material refers to the contents or objects of thinking and perception. Functional applies to the state, actions, structure or feeling tone of the psyche. Somatic experiences include: *kinesthesia, temperature, pain, etc.* All three groups occur in a given dream. It was again Scherner who laid great stress on body symbolism, the representation of organs or body parts by dream fragments and the dreamer's predilection for depicting the human body as a house.

The author next examines experimental dreams experienced promptly under hypnosis and those occurring during the night after hypnotic suggestion. Somatic stimuli in such instances as in other dreams are merely triggers and do not explain the complex elaboration of particular ideas or images. Havelock Ellis said in respect to the relationship of the stimulus to the dream itself: "The mailman is only the

cause of one's opening the door to receive the letter." The impressions which at any given moment are the most vivid (for example, bodily sensations) constitute the preferred "raw material" for the construction of the dream pattern. Interesting experimental work on the relationship between retinal impressions and dream images is quoted.

Silberer takes exception to the belief that all dreams are wish fulfilling. With numerous illustrations he insists and demonstrates that the dream, far from being a senseless confusion without rules, is a sensible creation whose psychic base could be explored and understood. He divides his dreams into several categories, denying the wish-fulfilling aspects as a universal, but favoring the formulation that the dream stimulus is always an emotional factor of high valence which arouses interest with pleasurable or unpleasurable coloring. He rejects the complaint that dream analysis and psychoanalysis lead into the refuse of the soul, and stresses the need to explore one's self utterly without fear or prejudice if one is to derive the full understanding to which dream analysis can lead. He discusses the question of whether in some respects the dream might be superior to the cerebral processes of the waking state. Certainly, feats of memory in the dream frequently far outstrip the conscious power of recall. The "wit" in dreams seems far flatter on awakening, as is true also of ideas which in dreams seem highly intriguing. The reason for this "falling flat" on awakening lies in the fact that what is admired in the dream (wit, ideas, etc.) is not in fact the wit or the idea itself. On the other hand, it does happen on occasion that creative work is performed in the dream. Mozart and Tartini allegedly dreamed of motifs which they later employed, and an eminent lawyer is said to have formulated and written while asleep a clear opinion in a complex and difficult legal matter.

Silberer also explores the question of the capacity of the dreamer to perceive through extrasensory ("telepathic") channels. He discusses the idea that the dreamer "creates the dream from his innermost self." The properly analyzed dream, and not merely the manifest dream, is the mirror of the mind and of the soul.

The author discusses many other aspects of the dream, among them "dreams of convenience," dreams which permit us to continue sleeping by dreaming that we have arisen, dressed, gone to work, etc. Included here are the well-known dreams of drinking when thirsty, eating when hungry, dreams which in general exempt the dreamer from a troublesome or undesired act.

In the next paper, DREAMS AND AFFECTS: (2) AFFECTS IN DREAMS AND TRANSFERENCE, SAMUEL A. GUTTMAN (123) avers that relatively little

has been written on affects, despite the obvious importance of feelings in our lives. He reviews the literature and discusses the importance of affects, with special reference to dreams and proposes that the elucidation of dream affects can lead to a better understanding of the current transference.

Freud notes that affects in dreams are more difficult for the dreamer to dismiss than ideational content. Manifest dream content and the affect can be separate entities. The sources of affects are overdetermined. When the latent dream content is uncovered the meaning of the affect becomes known. The ideational content, not the affect, undergoes major changes in the dream. This is seen particularly when the censorship imposed by resistance has been in operation. Then exploration of dream affect can often lead to the ideational content.

Glover too stresses the need to be aware of dream affects, stating that the importance of either latent or manifest content can best be assessed by reference to the affect or the defenses against affect in the dream. When resistance is very high it is often unprofitable to become very much involved in the dream content. In such situations the author feels that the pursuit of dream affects can be of great value.

Several examples are given. A twenty-five-year-old hysterical woman in analysis several years had difficulty in acknowledging her positive transference feelings. Instead she constantly berated the analyst. Before one session she had not wished to come but en route her symptoms disappeared. She reported a dream in which she was two hours early coming to see the analyst. It was obvious to her that coming thus early was in direct contrast to her manifest feelings. When she was asked what feelings she had experienced in the dream she suddenly associated that she loved the analyst. This led to associations of erotic feelings for her father and to an understanding of her struggle against the positive transference.

A male obsessional one day expressed for the first time annoyance at the analyst's apparent lack of interest in him. That night he dreamed 'I was in bed with my sister and was going to have relations with her. I got half way in and stopped. I smelled an odor of bacon and I told her that she doesn't generally have a chance to smell an odor like this because she is busy cooking.' The patient presented as the immediate cause of the dream some strong sexual feelings he had experienced the previous day thinking of a woman he had not seen in months. He next recalled that several months previously he had had an argument about religion with a psychiatrist. He later associated to bacon, noting that he felt that his mother favored him over his sister by preparing his favorite dish, bacon. Guttman had perceived a difference in the patient's de-

meanor during this session—he was more at ease and not as bristling or stiff as usual. When the patient seemed to have run out of associations, he was asked for his feelings in the dream. These were, "pleasant, a warm friendliness and mild sexual pleasure." The author commented on the difference between the manifest sexual content and the "mild sexual pleasure." The patient said he had had such feelings for women, but could not recall such feelings for men. When asked directly, however, he recalled having had similar feelings for the analyst during an early session, when he had talked of some sexual experience for which he had not felt "blamed." The patient was surprised at this recollection. The analyst suggested that the patient had come with friendly feelings, and then the patient recognized a real change in his feelings. This analytic work helped to uncover repressed affect, which then permitted the past and present to be correlated with the transference situation.

The author feels that on occasion there is real value in having patients discuss dream affects. This can best be accomplished when there is a therapeutic split in the ego.

IN THE COMMUNICATIVE FUNCTION OF THE DREAM, MARK KANZER (145) points out that, besides serving the function of guarding sleep, the dream also serves to preserve object relations and the function of communication. Both the urge to tell dreams and the primitive belief that they are messages from the divine illustrate this communicative function.

The author points out that the dream embodies a conflict between the need to sleep (narcissistic) and the stimulus of the day residue (communicative need). This conflict is reconciled by internalization of external reality. The sleeper is not truly alone, but sleeps with the good introjected object, while the bad is eliminated. Anxiety dreams illustrate a failure in this mechanism, whereas rituals as preliminary conditions before sleep, including eating, bathing, rocking, etc., show the mechanism at work.

In children's dreams (a dream that someone gave the little girl cherries), the telling of the dream brings the dream wish back to reality and to the attention of the parent.

Changes in the dreamer's relationship to objects may be represented by falling or climbing, and also by the parting with bodily contents during sleep. The separation from the object may be contained in such "typical dreams" as losing teeth and missing trains. Exhibition and examination dreams can be traced to a desire for, or fear of, communication.

Freud remarked that the dream thought, "I must tell this to the analyst, as with the impulse to write the dream, is often associated with

a resistance to communication. As resistance increases the clarity of the communication in dreams is lessened, often leading to acting out and somatizations. In this way internalized relationships are presented with the real analyst excluded from the dream world.

Dreams and language emerge from the same roots and are closely combined when spoken words occur in the manifest content of the dream. The author illustrates the point by a dream in which a venerable judge says to the dreamer who is defecating: "Come in and see me when you are through." The spoken words combine the wish for anal penetration and the threat of being fired (separation). The author concludes that the dream as an archaic and metaphorical language comes into being where the sphincters are used to regulate intake and output at the ego boundaries, which is also a description equally applicable to the process of communication.

The stimulus given to dream studies by Lewin's work on the dream screen as well as by Isakower's on hypnagogic phenomena produced two papers. In the first of these, *VICISSITUDES OF THE DREAM SCREEN AND THE ISAKOWER PHENOMENON*, ANGEL GARMA (102) provides examples of productions of analysands, cartoons, literature and a Mexican folk custom to illustrate the linkage of later anxieties with early oral anxieties. Both produce the Isakower phenomenon or the visible dream screen. It means of oral regression as a solution to current problems. It is his opinion that oral regression may fail as a defense against a later anxiety if the oral frustrations act as reinforcements of later ones.

One of Garma's patients was a man who was financially dependent on his wife as though she were his mother. While he denied that either he or his wife had sexual desires, he feared her infidelity. This took the form of fears that she would be assaulted by other men when away from home. One night she was out. He felt uneasy and lay across a bed with his mouth pressed against the sheet. He kicked the bed like a hungry child calling for his mother and fell asleep. He dreamed: "A Mr. Wolf whom I don't know was at table with some other people. As I was half-awakened from this dream by the sound of a passing tram, I realized that my dream was becoming flattened, turning into something like a photograph and then disappearing upwards like a curtain. Only a white milklike background like a television screen remained. The sound of the tram reminded him of the shots of a recent burglary and also the fact that his wife generally returned home by street car. A traffic policeman who was at the corner near his home where the tram passed had white armlets. The analysand emphasized the whiteness as he had that of the cigaret. As the policeman (analyst) might have prevented the

burglary he might also prevent the wife from displaying her breasts to other men in this way he would be reassured that they continued to belong to him. The tram's noise, meaning his wife's arrival removed the disturbance of conjugal infidelity with Mr. Wolf and in the dream there remained only the white milky background, symbolizing satisfaction on an oral level. Satisfaction at the oral level served to deny genital dissatisfaction.

As an example of the Isakower phenomenon, with oral and genital components Garma reports material from the analysis of a patient who had experienced childhood nightmares in which a circle revolved at great speed became smaller and made a humming noise. Severe traumata had produced the anxiety which caused the revolving circle. Reared with an aunt he was favored by her until she took a lover. The audibly rotating circle represented the intercourse he had heard and the threats his aunt had employed to prevent disclosure of her behavior as well as threatening words she used when she caught him masturbating. The retreating circle symbolized his mother's breast which instead of satisfying him in actuality had receded. Not nursed by his mother, he had had to observe his younger brothers suckling and his wife's nursing his babies. When these memories emerged into consciousness during his analysis important changes took place.

Garma remarks that a custom common to certain regions in Mexico may be understood through application of Lewin's ideas regarding the dream screen. He states: "In Mexico when there is an eclipse of the moon the Indians sing songs while looking at the moon reflected in vessels full of water. These vessels symbolize the gratifying maternal breast. The double image of the moon direct and reflected on the water, has caused intense emotion in human beings as is shown by many poetic and pictorial representations." Garma likewise presents synopses of cartoons by Peter Arno and Gluyas Williams to illustrate the ubiquity of this phenomenon.

CHARLES W. SOCARIDES (261) in *A CLINICAL NOTE ON THE ISAKOWER PHENOMENON* presents a short case report. The combination of various mouth and other sensations while falling asleep or in the moments of awakening constitutes the Isakower phenomenon—a hallucinated revival of the nursing experience. In the case here recorded the syndrome served as a defense against severe anxiety aroused by an immediately preceding dream.

The phenomenon described is closely linked with Lewin's concepts of the dream screen and blank dreams. The subjective sensations may consist of being on a revolving disc, giddiness, heaviness on top of one,

something large in the mouth, a sense of the pleasant combined with that of the disagreeable, a sense of the uncanny. These sensations imply a loss of ego boundaries and fusion with the breast in the nursing infant, or in the moments preceding or following sleep. Lewin has stressed the feeling of large masses being stuffed into the mouth at such times and the sensation of being enveloped. Socarides's patient repeatedly had this experience on awakening and clearly recognized its meaning as engulfment by the breast.

This patient sought analysis because of anxiety attacks, insomnia, feelings of loss of control and suicidal impulses. Preoccupation with defecation of six years' duration, interfering seriously with his social life, revealed his conflict over passive anal sexual desires. There was a strongly feminine orientation linked to a primal scene episode at four. Early in the analysis he experienced the Isakower phenomenon on awakening from a dream of heterosexual intercourse, which, however, signified his unconscious wishes to be the woman. The anxiety aroused induced the symbolic regression: the subjective vivid experiencing of being again the enveloped nursing infant.

Continuing the more clinical trend, we have two papers: one by Lorand and Feldman and another by Lilly.

SANDOR LORAND and SANDOR FELDMAN (180) present a clinical study in the more traditional mode of symbolism in dreams. In *THE SYMBOLISM OF TEETH IN DREAMS*, they point out that the typical dream of losing teeth can have various conscious and unconscious determinants at different stages in analytic therapy. Previously, Lorand had stated that they can express the wish to regress to a state of toothlessness and in infantile dependence on the mother.

The use of teeth as symbols depends on both cultural factors and on personal experiences. In the early infantile period when orality and dentition occur, one would expect preoccupation with the teeth. Again in puberty, orthodontistry or oddities in tooth formation may focus feelings on them. The experience of pain and physical change, in the infant during the second half of the first year, then repeated around the sixth year, and finally, in a milder form around puberty, probably makes dreaming about teeth so frequent. Acquiring a tooth and losing it makes it an excellent symbol for castration, as well as earlier pre-genital problems.

The authors first illustrate the cases where the tooth in dreams represents a phallic symbol. They quote an example from Freud and present a number of their own clinical examples. In one a male patient

dreamed that his father in law was standing facing him, and the dreamer's daughter stood between them. The dreamer noticed that one of his daughter's teeth was bloodstained. When asked by the father in law, he explained she got this from kissing her father. The main theme of the associations was "A child who kisses his parents gets castrated." The associations centered around hostile feelings against women, expressed in a desire to bite off the nipple. In the dream he identified with the little girl who has no penis. The dream served as a punishment for his aggression and expressed the wish to be a girl.

The second series of dreams illustrates the symbolic significance of false teeth or braces when occurring in dreams. Here teeth may represent death, decay, sinfulness, and change. A twenty-four-year-old divorced female patient dreamed "I was with a boy in the fields. There were horses galloping and playing. Somebody shot the horses. Then a filling fell out of my tooth. It was big and very long. I awoke frightened and not sure whether it was real or a dream." The association to playful horses was that it was her own temper. She also identified horses as masculine and unrestrained sexually, being shot meant the punishment for the lack of restraint. The dream revealed her castration fear. She was envious of and rivalrous with men. She wished to have a penis, be unrestrained but was punished for this wish.

Other dream examples illustrate masturbatory conflict, castration anxiety, and in females the wish for a penis. This follows from the value placed on good teeth and the sense of humiliation from having dentures. One woman, who reported a series of dreams involving teeth, dreamed "Three of my teeth broke off and only the roots remained. The dentist wanted to pull the roots out, then he glued the teeth back onto the roots." In her associations she recalled wearing braces to the age of fifteen, and the limitations and restrictions imposed on her, for which she blamed her mother. The next night she dreamed of fighting with her mother in law, who knocked out six of the patient's teeth. This dream led to memories of sexual transgressions and a fear of her mother's punishments.

The authors next investigate and summarize the concept of *vagina dentata* frequently found in sexually disturbed men. These men show a fear of the vagina as an orally aggressive organ as a retaliation for their own anal-sadistic attitude toward the breast.

Other determinants for tooth dreams are their ability to represent birth, death, abortion, or baby. This can be illustrated from anthropology, religious writings, folk tales, and dreams in analysis. Ancient dream interpreters thought that the upper row of teeth referred to prominent members of the family, the lower row to less prominent

members A dream of a woman patient is reported which followed the death of two dear friends She dreamed Two of my front teeth are missing there is a conspicuous gap Another patient dreamed while under gas in the dentist's chair that she lost something and was frantically looking for it Her associations led to abortions which she had never mentioned in her analysis so great was her guilt Her frigidity and denial of sexual feelings was a defense against this guilt The oral cavity becomes associated with the uterus by displacement upward and can also represent a house or a grave

The authors also investigate tooth dreams in psychotic patients The same unconscious equivalence of tooth and genital is present Castration and self punishing desires are frequently encountered as well as the reference to an unhappy nursing experience

In a final summary emphasis is placed on the most regressive aspect of this typical dream the desire to be a toothless dependent baby

Finally in this group we find JOHN C LILLY'S (175) report on AN ANXIETY DREAM OF AN EIGHT YEAR OLD BOY AND ITS RESOLUTION An eight year-old boy had an anxiety dream shortly after his father returned home following a herniorrhaphy The father's direct observations and his handling of the situation are presented The author demonstrates how phallic and oedipal material can break through in latency the directness of symbols in the dream and its resolution after the child was confronted with reality material A fuller synopsis of this paper will be found in Chapter VI

In the second group of papers are those which although still concerned with the dream have as their main purpose the clarification of other phenomena A paper by Lewin points to the intimate relationship between the dream and the analytic situation Two papers one by Karpman and one by Lewin discuss the relationship between the dream and clinical phenomena And finally there are two papers one by Servadio dealing with telepathy in the dream and another by von Schumann who utilizes the dream for a pathographic note on Homer

BERTRAM D LEWIN (171) in DREAM PSYCHOLOGY AND THE ANALYTIC SITUATION applies the metapsychology of sleep and the dream to the analytic situation Pointing to several features they both have in common he concludes that they are cut out of the same cloth A more detailed synopsis of this paper will be found on pp 588ff

Both Karpman and Lewin deal with the interesting problem whether one can discern a clinical condition from the dream However they reach opposing viewpoints

B. KARPMAN (147), in *DREAM LIFE IN A CASE OF PYROMANIA*, cites 189 dreams of an individual whose case had been previously reported (1954). He concludes that there is nothing specific about the pyromaniac's dreams.

Twenty-four of the dreams are reported verbatim, while many others are paraphrased or summarized. They are classified under various rubrics, such as heterosexual, emission, homosexual, anxiety dreams, etc. The patient's remembered dreams of the period prior to hospitalization contain much more anxiety than those during hospitalization. Anxiety was related to the anticipated fear of punishment and was reduced once the patient had been incarcerated.

The therapist asks himself whether the dreams reflect anything specific related to the patient's pyromania. He answers in the negative, with some qualifications: the strong emphasis on color in the dreams. However, since the patient worked much with colors professionally and avocationally and presumably had a highly developed color sense, this tends to discount the link between color and fire. Two other specific features of the dreams are magic dreams and "repeated" dreams, e.g., the same dream was dreamed three to fifteen times in a night almost without variation. Magic represents a regression to childhood and may be part of the patient's struggle to forget the nightmares of intervening years. The repeated dreams reveal states of extreme restlessness, presumably with obsessive and tormenting thoughts behind them, but not appearing manifestly. The author concludes that this patient's dreams resemble those found in the "average case of neurosis."

BERTRAM D. LEWIN (170), on the other hand, believes that we can obtain valuable *CLINICAL HINTS FROM DREAM STUDIES*. Dreams and psychoses represent the fulfillment of infantile wishes, hence the dream is of great value in shedding light on existing clinical phenomena. Lewin discusses some unusual dream states and phenomena related to them and presents a theory of their genesis and instinctual basis.

Since dreams fulfill the same infantile wishes that are expressed in psychoses, they may be used to further our understanding of the mind of the small child and of the psychoses. Psychoses are often regarded in retrospect by recovered patients as dreams, and are repudiated by the same type of repression which effects the forgetting of dreams and infantile amnesia. Delusions may occur in dreams prior to or following a psychosis. Freud described the dream as a hallucinatory wish-fulfillment psychosis, due to the wish to sleep. Although Freud stated that sleep is a manifestation of narcissism, such narcissism is only indirectly evi-

dent in the dream psychosis since the dream text is an exception to the narcissism of sleep representing as it does waking interests

Lewin cites the case of a young woman whose blank dream with orgasm was followed by a hypomanic attack. He believes that a blissful blank dream or its waking equivalent may be a constant precursor of some degree of hypomanic behavior. In such dreams the happiness and irresponsibility of the satiated nursing may be attained but on awakening the defensive powers of the ego are aroused. The resulting hypomania with its vast activity and independence is a repudiation by the ego of the tempting passivity and dependency wishes expressed in the dream. Thus he points out the manic state is like a belated defensive denying part of the dream state and no less than a paranoid delusion is an attempt at restitution of the relationship with the real world.

There is a whole class of blank and nearly blank dreams. Although story and dream screen are usually projected some are not they seem to occupy the same segment of space as the dreamer so that dream and dreamer are not separate. In such sleep or narcissistic dreams interest is centered on the sleep itself with little intrusion from the disturbing wishes of the day. Such dreams are immanent experiences hard to describe like an emotion which can be communicated best in metaphorical or allegorical terms the dreamer's position is unspecifiable in on or against some vague indefinite nebulous object or substance. Large looming masses may be seen with which the dreamer unites or merges. The dreams are repetitive and are always intense emotional experiences often accompanied by sexual orgasm or anxiety of nightmarish intensity. Lewin relates the blank-dream phenomena to the hypnagogic fantasies described by Isakower and attributes both to a reproduction of the little baby's sensations on falling asleep. If dreams and psychoses are of the same order these phenomena should illuminate the problem of going into a psychosis and hypnopompic or waking fantasies might clarify the psychological processes accompanying recovery.

As to the genetic aspect of these narcissistic phenomena Lewin believes that it is the preverbal and preconceptualizing lap baby as yet unextricated from the mother as an independent self whose blurred bodily feelings and mental state are reproduced in the blank dream. The early instinctual activity involved may be expressed in terms of an oral triad of wishes the wish to devour the wish to be eaten and the wish to sleep. The first two wishes reflect the baby's inability to distinguish self from environment. In later years when these wishes have taken on relative independence and formed separate connections they may be distinguished through their different manifestations. Referring again to his hypomanic patient Lewin points out that in her defense

against the narcissistic temptation of being engulfed by the mother, the patient turns to her wish to devour but remains always within the domain of the oral triad

H J VON SCHUMANN (279) uses the dreams of the blind to confirm the assumption of Homer's blindness. In his *PHENOMENOLOGICAL AND PSYCHOANALYTIC EXAMINATION OF HOMER'S DREAMS*, he discusses the frequently disputed question of Homer's blindness. Dreams described in the *Iliad* and the *Odyssey* are compared with other Greek dreams from the same period of history and also with dreams from analytic patients who are blind.

Characteristic of the dreams of the blind is an emphasis on cutaneous and olfactory sensations. They show a more intense organ awareness, animals are often invested with the ability to speak, and music in the dream is heard as harmony. The content of dreams of the blind often reflects their visual isolation and their struggle with the blindness. Being observed by others frequently plays an important role. The author believes that in the blind guilt feelings are more massive and are promoted by a more severe superego. Anxiety dreams, physical movement, and aggression are more prominent characteristics. Patients blinded later in life show a fading of the visual intensity of the dream. Visual dreams of these patients have a restitutive value.

Dreams from the *Iliad* and the *Odyssey* have the characteristics found in those of blind patients. In contrast to other dreams from Greek literature, where the dreams are vivid and precise, these dreams are airy and nebulous. There are shadowy ghosts, an emphasis on being followed and on being isolated.

EMILIO SERVADIO (254) reports *A PRESUMPTIVELY TELEPATHIC-PRÉCOGNITIVE DREAM DURING ANALYSIS*. The dream is notable because of its admixture of "telepathic" and, as usual in such cases, "precognitive" material, and because the material is submitted to the operation of the primary process. The case itself shows the special importance in such occurrences of the transference-countertransference relation.

The dreamer A was an obsessional neurotic in his thirties, suffering under the delayed influence of an emotionally "dry" childhood. The dream occurred after the resumption of psychoanalysis, following the analyst's summer vacation. The patient was in a phase of negative transference, complaining that the analyst's behavior was distant, aloof, and academic. Interpretations of this as a repetition of his infantile dissatisfaction with his father and mother (who did indeed behave in such fashion) were unsuccessful.

The dream occurred on the night of August 27 1953 and was reported on the evening of the 29 as follows

I was near your house but it was not the real one It was like a cottage in a suburb of a California city with a small garden in the front It seemed to me that your maid N had placed a bowl of Italian noodles near the garden gate I went to this dish feeling hungry cold and miserable I was wearing only a pair of shorts While I was approaching the bowl I saw a car coming I knew that you and your wife were inside I got alarmed and ran away

[The dream then changes] I was inside the house seeing your wife from behind She had three daughters with her one I knew to be your fourteen year-old daughter whom I have seen once or twice (she was prettier than in reality) The others were two very pretty blonde girls one looked about eight years old the other about three or four I still felt miserable and neglected although I seemed to know that your family was nice and had nothing particular against me

Conventional interpretation of the dream based upon the initial associations indicated that the patient had transferred into the analytic setting his oral infantile claims and was complaining of neglect and emotional starvation by his parents However some elements of the dream were not accounted for (1) Why the bowl of noodles? Is the vermicelli sufficient cause for its choice? (2) The little house with the garden does not correspond to a real one (3) There are three girls (the psychoanalyst has only one daughter and there is no sibling correspondence)

There were certain facts which the patient did not know or which had not yet occurred when he had the dream (1) When A had his dream the psychoanalyst's wife had left home again after returning from the vacation and had actually gone to a place near the sea in a small house with a little garden together with her daughter and two little nieces pretty and blonde one eight and the other three and a half years old exactly as in the dream (2) The analyst had to eat alone in his wife's absence and was attended by a maid servant. He felt frustrated in his affectionate and sexual wishes (3) On the evening of August 27 he asked a colleague Dr E and his wife to dinner the following night and was eager for them to have some very special Italian noodles (4) To be on time for the dinner engagement with Dr E the analyst had to cancel his appointment with A which had been for 8 P.M. on August 28 Having failed to reach A by phone the analyst finally sent his maid to A's flat at 5 P.M. to cancel the appointment This was the only time that the maid had ever been to A's home From a parapsychological view

point, items 1, 2 and 3 may be classified as "telepathic," whereas 4 contains some "precognitive" factors

It appears therefore that A unconsciously supplemented his conscious notions with extrasensorily perceived material, in order to build up a dream which would thus make complete sense. As in similar reported dreams, the dynamics of this one reveal an *unmasking* by the patient of emotional material in the analyst. The analyst was aware of hostile and countertransference feelings in his reaction to A's prolonged resistance in accepting his interpretation of the transference elements in his attacks on the analyst. Besides unmasking this hostile countertransference, the patient also unmasked the analyst's reaction to the abandonment by his wife and his resentment at being attended by a servant. This "dove tailing" of the analyst's emotional patterns with those of the patient is an unconscious dynamic configuration *à deux* (including elements of transference and countertransference, as well as of identification and counter identification, both normal and paranormal), and is a strong precondition for the occurrence of psi phenomena.

CONCLUSION

Recently, several exciting contributions to dream psychology have been made by Lewin, Fisher, and Erikson. One may observe in the work of these authors the application of the structural hypothesis to the dream. However, the papers on the dream appearing in 1955 do not seem to open up any major new areas. Some elaborations of Lewin's and Isakower's contributions and, in others, ego-psychological factors are taken into account as in Kanzer's paper on the communicative function of the dream, but on the whole most of the papers are in the more traditional vein.

Chapter VI

PSYCHOANALYTIC CHILD PSYCHIATRY

NATHANIEL ROSS M D

Papers summarized in this chapter are classified as follows

- I History
- II Developmental Studies
- III Clinical Studies
- IV Therapy

I HISTORY

This section contains an account of the psychoanalytic treatment of children in France and a paper by Melanie Klein describing the development of her experiences with play technique over a period of more than three decades

S LEBOVICI and R DIATKINE (163) survey *THE STATUS OF CHILD PSYCHOANALYSIS IN FRANCE* The authors offer some ideas on diagnostic and technical points

In France child analysis is mainly done by psychiatrists and in turn it has influenced child psychiatry Even those psychiatrists who were skeptical about psychoanalysis in general accepted it for child psychiatry e.g. for the study of the latent contents of children's fantasies In this case however they refuse to connect the latent contents with a dynamic conception of the child's development and with the test situation They consider only partial aspects of the contents thus expressed Tests may reveal opposition to parents or fixations on other persons but they do not show why this particular aspect of unconscious tendencies comes into focus The continuous relations to the environment are neglected Other analysts make the mistake of investigating only the structure of unconscious conflicts without considering the total structure of the

personality and the different ways in which the conflict is experienced. This leads to a monotonous terminology. The authors think that Melanie Klein's concepts of the paranoid and the depressive position in young infants are examples of such erroneous views. The child accepts interpretation only to a very limited extent. It forms a transference by reacting to the neutral or frustrating attitudes of the analyst with reactivating regressive positions which change in response to changing attitudes of the analyst. The work of Rene Spitz is mentioned as an example of how the data of direct observation are taken into account in the framework of the development of the child and its environment. This method is called 'genetic psychoanalysis'.

Child psychiatry is a young science. At first it tried to show in the child pathologic conditions analogous to those well known in adults. Investigations by Heuyer have demonstrated that there is no connection between certain diseases in children and their later fate in adults. Lebovici delineated the principal differences between the schizophrenic pictures in children from those in adults. From a structural viewpoint, it may be better to speak of preschizophrenic conditions in children.

The contribution of psychoanalysis to child psychiatry is mainly in the understanding of dynamic development and structural changes. All observable structures are subject to later changes, but the developmental potential is an essential element of prognosis. This is exemplified by the phenomenon of anxiety in children, which appears in three different, though superficially similar types. (1) Old, outdated anxieties can be used to press for secondary gains. The prognosis is good. (2) The anxiety is the child's reaction to his own aggressiveness. It is intensified by the analyst's explanations that the aggression is aimed at the parents. The deeper origin of the aggression from archaic fantasies becomes evident. Unless a long analysis succeeds, this leads into compulsion neurosis, in which the anxiety is bound by rituals and by keeping distance from objects. (3) Archaic fantasies are unconsciously projected into the analytic situation. The condition reveals itself as psychotic.

The question is raised to what extent can one speak of anxiety in children. Analytic experience shows that at the earliest age character traits and attitudes which mean the avoidance of anxiety-arousing situations are already present. There are three stages in the development of object relations. (1) Disregarding the myth of the birth trauma, one can consider the first cry an expression of anxiety only if one assumes that anxiety is *a priori* tied to an unsatisfied instinct. Spitz considers it more correct to assume displeasure because of an unsatisfied need rather than anxiety. The child is very early able to hallucinate substitute gratifica-

tions like finger sucking etc before it can identify the person of the mother (2) When the child is able to discern objects and persons anxiety appears as the fear of an experienced object and as the fear of aggression against an object Melanie Klein's view about fantasies is accepted (3) In the third year of life the child learns to differentiate between the two sexes and is then forced to identify either with father or mother where by primitive anxieties are revived Lacan considers the oedipus complex and castration fears as continuations of those primitive anxieties Super ego and defense mechanisms come into action the primitive fantasies succumb to amnesia and the latency period starts

The struggle with anxiety creates preneurotic states If primitive fantasies retain for the child so much reality that the struggle with anxiety is impossible without changing the external world by projection one sees a prepsychotic state Indications and technique of child analysis must take into account the total family situation and the personalities of the parents One must assess the prevalence of reaction states with relatively normal structure or preneurotic or prepsychotic states Reaction states require psychotherapeutic intervention not analysis In preneurotic states analysis is indicated in some cases but it is always difficult to foresee the development over a longer period of time Anxiety states even such structured ones as phobia or obsessional neurosis can be transitory On the other hand they may contain the nucleus of neurotic development in adolescence or adulthood or may lead to character formations which later provoke reactions from the environment It is also possible that psychoanalytic therapy may mobilize preneurotic structures Early analysis should be considered a prophylactic measure best indicated for intellectually gifted children whose families are understanding and willing to continue the treatment if temporary difficulties arise Prepsychotic states are considered the most important indication for early analysis Chronic allergic conditions are also mentioned as a frequent indication

The authors prefer Melanie Klein's technique which works without pedagogic principles or personal attraction and is therefore better suited for bringing out the aggression in the transference Anna Freud's technique in which the analyst engages himself more personally with the child should be reserved for prepsychotic states particularly in the stage of preparation for analysis

MELANIE KLEIN (150) reviews her experiences in developing THE PSYCHOANALYTIC PLAY TECHNIQUE with young children for the past thirty five years This paper embraces the rationale of her theories of

interpretation of play activities of children and the correspondence of these theories with the principles involved in the analysis of adults. The importance of the use of symbolism and the influence of play technique upon psychoanalysis and child guidance are discussed.

The author began analyzing young children after observing that working with the mother did not sufficiently alleviate the child's neurotic conflicts. Her technique deviated from the established rules of analysis in that she interpreted the most urgent aspects of the material presented. The child expresses his fantasies, anxieties, defenses against anxieties, and his experiences in play and activities. The preconscious and unconscious meanings are interpreted. Analysis of the transference and the use of symbolism are utilized in exploring the unconscious of young patients, as is the case with adults. At first, the analysis was done in the child's home, using the child's toys, but it was discovered that the transference situation could be developed only if the patient felt that analysis was something separate from his ordinary life. Only under such conditions was it possible for the child to overcome the resistance to communicating feelings and experiences which were incompatible with convention.

In 1923, for example, a seven year-old girl came to analysis because her parents were concerned about her intellectual development. Although quite bright, she did not keep up with her age group, disliked school, and sometimes played truant. The relation to her mother, which had been affectionate and trustful, had changed since she started school; she had become reserved and silent. The child was generally unresponsive in the sessions. However, when the therapist brought in a box of toys from the nursery, the patient began to play at once. From the play it appeared that two of the toy figures represented the patient and a boy. It also appeared that there was something secret about the activities of these two figures and that the other toy people, resented as interfering or watching, were put aside. The activities of the two toys led to catastrophes such as falling down or colliding with cars. This was repeated with mourning signs of anxiety. It was interpreted to the child that some sexual activity had occurred between herself and her friend, and that this had made her fear being found out, and therefore distrustful of others. It was pointed out that while playing she had become anxious and seemed on the point of stopping her play. She was told that her dislike of school might be connected with the fear that her teacher would find out about her activities with her schoolmate and punish her. Above all she was frightened and therefore distrustful of her mother and might therefore feel the same way about the analyst. The effect of this

interpretation on the child was striking her anxiety and distrust at first increased but very soon gave way to obvious relief. Although she neither admitted nor denied what had been interpreted she subsequently showed her agreement by producing new material and by becoming much freer in her play and speech as well as more friendly and less suspicious toward the therapist. Concurrently there were favorable changes in relation to her family and her dislike of school diminished. Her learning inhibition was gradually resolved in the course of treatment. From this experience and others it was learned that a variety of simple small and non-mechanical toys is most suitable for play therapy. The child can use these toys in many ways to express fantasies and experiences. Keeping the individual child's toys locked in a separate drawer is equivalent to the adult's associations and is a part of the private and intimate relation between analyst and patient characteristic of the transference situation. Running water a table chairs and a small sofa complete the equipment of the play room.

The child's attitude toward a damaged toy often reveals such feelings as guilt depression and persecutory fear. It is essential that the interpretative work keep in step with the fluctuations of feelings and of mood. The technique consists of understanding what goes on in the child's mind and conveying this to him. Educational or moral influence is not used.

Full use of symbolism in a way similar to Freud's interpretation of dreams is called upon in understanding the child's anxieties as they are manifested in play and activities. Play analysis has shown that the capacity to use symbols enables the child to transfer interests fantasies anxieties and guilt onto objects other than people. This affords considerable relief. Inhibition of the capacity to use symbols is a sign of a serious disturbance.

Another important part of the technique is the analysis of the transference. Klein feels that the patient is fundamentally helped by taking his anxieties and desires in the transference interpretations back to where they originated *viz* infancy and the relationships to his first objects. By re-experiencing early emotions and fantasies and understanding them in connection with his primal relationships the child can revise these early relations at their root and thus effectively diminish his anxieties.

Play technique has had considerable effect on work with children in other fields such as child guidance education and tests. Our understanding of the infantile mind through play techniques has contributed to our understanding of both normal and abnormal adults.

II DEVELOPMENTAL STUDIES

This section contains contributions to the following problems: transient developmental phenomena, a panel on problems of early infancy, the metapsychology of somatization, the relationship of the primal cavity to the development of perception, the connections between motor patterns and genital behavior, body image studies, the development of object relationships (separation and individuation, the "depressive position") and a study of learning motivations.

GERALD H. J. PEARSON (220) discusses SOME DEVELOPMENTAL PROBLEMS IN CHILDREN, transient reactions which appear to be pathological but which at certain ages are normal. These include rebelliousness, fear of strangers, negativism, and sleep disturbances. Most deal with attempts at handling oedipal conflicts and disappear in time. Pearson outlines a conservative approach to these reactions.

A study in Philadelphia revealed that the greatest number of complaints by parents about their children's irritating behavior occurred in two age groups: three to six years and twelve to fourteen years. At ages three to six the child is involved in the oedipal conflict and it is only when this is resolved that his will becomes more acceptable. At ages twelve to fourteen the upsurge of sexual drives attacks existing defenses. A new equilibrium must be established between the ego, id, and superego before behavior becomes acceptable. The author feels that the parent or teacher can do little but be mildly firm and understanding.

Mothers also have peaks of difficulty in adjustment. At four to six weeks postpartum mild depression in the mother is common. Attention is no longer focused on the mother but on the child. Such a depression is usually reversed when the baby shows a positive response to the mother, i.e., by cooing. If the child is not responsive enough, the mother's depression may deepen. Long-drawn-out maternal depressions are extremely dangerous for the psychic integrity of the child. Thus, if a baby is inactive or unresponsive, the mother must be encouraged to stimulate the child by singing or talking to him. The environment should be attentive to the depressed mother. If depression persists, psychiatric help should be sought.

Between nine and twelve months of age a child may show fear of strangers and cling to the mother. This occurs when the child becomes aware of himself as a separate person and experiences the danger of the mother's being separate and able to leave him. Excessive infliction of strangers on the child at this time should be avoided.

Sleep disturbances may represent serious pathology. However, at two age periods these occur as part of the child's development. At about eighteen months the child dislikes going to sleep because it interferes with his ability to play and to perceive. At this time he usually is being toilet trained and wishes to stay awake, recognizing that in sleep there is some loss of ego control. This will disappear in several months as the child feels more secure about the continual presence of his ego. Sleep disturbances may occur at ages five to seven, the time of the resolution of the oedipus complex and the formation of the superego. To keep the oedipal fantasies from consciousness the child attempts to abstain from masturbatory behavior. The child recognizes the regression in sleep and presleep and tries to remain awake to fight off the fantasies prohibited by his superego. With self assurance of ego control, these disturbances disappear. The author cautions against giving sedation for these reactions.

At about the same ages one frequently sees negativism. This does not necessarily imply aggression toward the parents but is often an attempt at reassurance of ego control and independence. This parallels the negativism seen in adolescence. Excessive punishment can cause a loss of independence.

During prelatency transient phobias, night terrors, and tantrums are seen, as are obsessional mechanisms during latency. These symptoms result from intrapsychic conflict due to oedipal problems and represent attempts via projection, rituals, etc., to assist the ego and superego in controlling impulses. If these symptoms persist too long, psychiatric help is indicated.

A sudden drop in school grades at about the seventh year is common. This is often related to the rapid growth of the child, particularly of the sensory systems. The child can feel overwhelmed by the sudden influx of sensory perceptions and may dull his intake to absorb what he has already taken in. When he can handle the increase in new perceptions, his acuity and learning ability return.

A PANEL ON PROBLEMS OF EARLY INFANCY (210) was held at the Midwinter Meeting of the American Psychoanalytic Association. In his introductory remarks John Benjamin gave a brief systematic survey of various areas of psychoanalytic research which differed in methods as well as in goals. He stressed the need for testing and expanding the genetic propositions of psychoanalysis by psychoanalytically illuminated longitudinal observations of infants and children. The present panel, he stated, would deal with the restricted but highly important and necessary area of what can and what cannot be meaningfully predicted from very early neonatal observations.

In two papers entitled "Neonates" and 'The Same Children in the Second Year,' Katherine M. Wolf presented material from a research program that is being carried out at the Child Study Center at Yale University. In general these are longitudinal studies on child behavior beginning at the prenatal stage. The specific aspect which she presented was the observation of the neonate with the view, if possible, of delineating forms or patterns of behavior in the individual child at birth or shortly after which would have more or less predictive value in respect to the child's later responses and personality development.

In contrast to the views of Margaret Fries, Wolf outlined her aims and conceptualization as follows: every developmental step entails an individual solution. Maturation presents tasks that can be dealt with differentially. There are, therefore, many individual ways by which developmental progress can be made. For example, individualization can be evidenced in a child's personal ways of problem solving or in the forms by which it meets and copes with danger. The earliest observable indicator of a child's 'meeting danger,' i.e., a disturbance in his equilibrium, is an observable increase in tension. Hence the earliest behavioral manifestations of problem solving are the baby's modes of tension reduction.

Thus a longitudinal (or genetic) study of individualization could profitably concentrate on (a) specific tension *creating* situations and (b) specific tension *reduction* situations. Therefore, in her studies Wolf considers neonatal behavior as expressed in a tension reduction syndrome. She hypothesizes that there are four main tension accumulation—tension reduction paradigmata that can be observed and studied in the baby at birth: (1) hunger—food intake, (2) fatigue—sleep, (3) gastrointestinal stimulation—elimination, (4) sensory stimulation—motor discharge. The mode and frequency distribution of these tension reduction paradigmata should give us a genetically coherent pattern of individualization of the child.

Observations on children at Yale were made by pediatric and interviewer associates. The mothers were studied prenatally, in most instances an observer was present at the delivery of the baby, and the babies were observed ten times in the neonatal period. The observers introduced a system of motor shorthand that attempts to 'identify' with the object of observation on a motor level rather than on a level of action or emotion. Motor empathy with the body of the infant is thereby established.

Wolf presented the following formulations: (1) There were tremendous variations in tension reduction in terms of food intake. Some infants accumulated tension before feeding, others did not. Some evidenced a gradual reduction of tension and relaxation at the end of a

feeding but there were also infants in whom relaxation was not observable. Sucking relaxes some infants but not others. (2) Sleep was a most puzzling response to evaluate. In many infants one could not be sure whether the child was actually sleeping or not. As for the usual criteria of sleep one may be present the others not e.g. the research team has been confronted with children who *seem* to be asleep but seem to the observers to move more than when awake. (3) There was frequent uncertainty about elimination at least as far as observation of the child's response was concerned. (4) In the sensorimotor area contrary to what one might expect children respond in varying ways to intense stimuli and in most children the intensity of the stimulation does not determine the intensity of response.

The state of equilibrium or repose does not determine optimal functioning. Some children function best at the height of tension others only when tension is so low that in some instances one cannot understand why an organism so near sleep would function at all. Great differences in the maturation or coordination of movements were also observed. Wolf concluded these general observations by postulating that there probably was a preferred sensory modality at birth.

Wolf briefly presented three contrasting cases to focus attention on the use of tension reduction patterns observed in the neonatal period as valuable tools for predicting behavior in the same child a year and a half later. Nancy was jittery screaming and tense most of the time. It was most difficult to establish relaxation criteria in her case. Amy whether excited or relaxed was hard to reach and any kind of stimulation always quieted her. Edna showed quick well coordinated movements when awake slept deeply and was fully relaxed. When hungry she screamed for food but if held against one's shoulder would quiet down and serenely wait for as much as half an hour.

Katherine M. Wolf then gave additional data on how these three neonates appeared at fourteen to sixteen months. Nancy was well developed at fourteen months and well nourished but still looked nondescript and unattractive. She was the most sober child ever seen never smiled. Nancy walked at the end of the first year and talked more than the others. On performance tests she rated high average to superior. The most striking feature was her response to the examiner. At sixteen months she was not afraid any more but her gestures indicated stay away. She avoided physical contact. She did not scream but it was impossible to determine whether her crying was due to pain or anger or indicated anxiety. Nancy's contact with her mother was unusual and she touched her mother's body occasionally (individualized hand). When something new was introduced Nancy used this gesture. She

seemed to say "help me deal with this external world" If her mother approved, her anxiety partly receded But she had no really intimate contact with her mother except during a medical examination "Like me and take me away from here," appeared to be her response Nevertheless, she tested very high Nancy pointed to the toy cabinet as if pictures of toys were less threatening and more pleasing than the objects themselves Manipulation of images replaced manipulation of things Her memory was outstanding for missing toys and no doubt she was looking for them

Nancy's behavior was contrasted with that of the other two children Amy at sixteen months was still pretty and attractive, but her behavior was not as well developed as Nancy's She walked in a stiff way and talked very little Her block play was rather sloppy and distracted She showed a complete lack of contact with the pediatrician and the mother In response to a mirror which used to be the one stimulus that would initiate activity, she was now passive but smiling Edna appeared the same at fourteen months as she did when a baby She showed the same shyness but smiled at any person near her Edna was the most advanced of the three children, walking at seven or eight months, climbing and sucking well The language was clear with many accurate inflections

Wolf raised the question of prediction in regard to these three children Is Nancy's pushing away or out from the environment true phenomenologically at both age levels? Do we see a similarity of an organizing principle? Her pattern of tension reduction was coping with the environment by exclusion, both as a neonate and at fourteen months Reduction of impact of what is happening beyond the organism was evident at all times There are phenomenological similarities in Amy's behavior too Her relaxation potential was surprisingly high, self-gratification was her goal, and she achieved it efficiently and quickly, outside stimulation played a very small part in the gratification of her needs from the very beginning and has been predictable

In order to be significant, Wolf stated, outside stimulation must be tension reducing or no attention is paid to it. If the self-gratification potential is low, the need for external stimulation is great, and vice versa She remarked that she does not claim only that the behavior here looks similar at two levels but that a meaningful connection between A and B can be assumed and prediction should have been possible In contrast, Edna is a good recipient for the external world as a whole and in respect to her mother There is a definite connection in her case between satisfaction and other things (food, other objects) She showed a need for gratification on a social level and linked this to an object not the object that is merely the source of food This pattern, a "waiting

capacity," could have been predicted because of her richer structuralization of the environment and it resulted in a greater dependence on other persons

Wolf stated certain theoretical points of prediction in early development (1) the process of individualization can be assumed to be a descriptive unity, (2) there is the possible assumption of an average environment, (3) individual environment is relatively constant (4) theoretical constructs permitting genetic construction and reconstruction can be erected in genetic, dynamic, and economic terms. However, there are limitations to predictions (1) the practical difficulty of determining the unity in any specific process of individualization (2) the hazards involved in the assumption of an average environment, (3) factors interfering with the constancy of an individual environment i.e., the important accident, the child as a modifier of his environment, (4) theoretical limitations of conceptualization i.e., the insufficiently known relationship between specific conflict and specific defense, the paucity of genetic assumptions relating to early development, the absence of formulations on the first stages of aggression, (5) the incompleteness of data in terms of the identification barriers, the difficulty of assumptions of development based on observations of overt behavior, (6) the artificiality of any predetermined study period because testing predictions is no time limited process

MAX SCHUR (249) in *COMMENTS ON THE METAPSYCHOLOGY OF SOMATIZATION*, describes progress in the infant from the tendency to diffuse uncoordinated discharge of vegetative and motor responses toward their replacement by integrated automatization of motor activities and replacement of action by thought processes. This is an essential step in ego formation. The progressive reduction of vegetative discharge phenomena is accompanied by an increase in the ego's ability to neutralize energy and use it in its responses. Resomatization, which the author terms physiological regression, may result from massive upsurges of instinctual demands. A complete summary of this paper appears in Chapter III.

RENÉ A. SPITZ (269) studies *THE PRIMAL CAVITY: A CONTRIBUTION TO THE GENESIS OF PERCEPTION AND ITS ROLE FOR PSYCHOANALYTIC THEORY*. The 'primal cavity,' the mouth is the bridge between inner perception (sensations associated with need satisfactions) and outer perception. The mouth experiences at the breast combined with those of the hand, the labyrinth and the skin are fused with the first visual Gestalt that of the mother's face—no part of this total situational experience is distinguishable from any other. From this primary process

experience, the secondary process gradually emerges, through the appearance of memory traces after the third month and on to the appearance of verbal symbolic capacity at about eighteen months. A complete summary of this paper appears in Chapter III.

A paper by LOUIS LINN (174) *SOME DEVELOPMENTAL ASPECTS OF THE BODY IMAGE*, based on the work of Bender and his co-workers with double simultaneous cutaneous stimulation, suggests that face, hand, and breast originally fused into a homogeneous cluster, with the face ultimately dominant. A complete summary of this paper appears in Chapter III.

The role of another part of the body in body image development is taken up by HERBERT E. RUBEN (241) who discusses *SOME MEANINGS OF THE BELLY BUTTON TO CHILDREN*. They appear to represent displacements downward of oral features and displacements upward of anal and genital features. Ruben uses case material, anthropological data, mythology, and folklore to support these interpretations.

In mythological and anthropological studies, one sees considerable interest in the navel and umbilical cord. The Greeks looked at the navel as the center of the universe. The Zuni searched for the navel of the world. Kluckhohn and Róheim have written on the magical significance of the umbilical cord among tribes where the fate of the child was associated with the fate of the cord.

Ruben illustrates the displacement downward of oral characteristics of the navel by excerpts from two case histories. An eight-year-old felt he was given a bottle by way of the navel when he was *in utero*. A six-year-old felt air come in through the navel and out through the nose. A prevalent idea among children is that babies are born through the navel, and this can result in a child having pregnancy fantasies because he has a navel. The child is puzzled on learning of the umbilical cord and its function. Reviewing children's fantasies and various legends the navel is seen as a reminder of a loss and thus as a castration equivalent. The girl will often exhibit her navel as in a bikini bathing suit; this is an upward displacement of the genital. Further displacements upward of anal and genital pleasures are seen in acts like cleaning out the navel or tickling the navel area.

In *ON SYMBIOTIC CHILD PSYCHOSIS: GENETIC, DYNAMIC AND RESTITUTIVE ASPECTS*, MARGARET S. MAHLER and BERTRAM J. GOSLINER (183) contend that the period from twelve to eighteen to thirty-six months which they call the separation-individuation phase, is crucial for the ego and for the development of object relationships. The toddler, whose ego

is constitutionally vulnerable symbiotically fixated and then during the separation individuation phase additionally traumatized is prone to psychotic defense. This secondary autism is designated a reactive restitution because through it the ego restores albeit regressively the blissful oceanic feeling of oneness with the object and secures a delusional substitute for the child who is unable to endure the second hatching process i.e. the actual separation from the good object.

It is the maturational growth of locomotion during the second year which exposes the infant to the important experience of deliberate and active bodily separation from and reunion with the mother. In the second eighteen month period of life in which the pregenital phases progress in rapid and overlapping procession he masters ever increasing segments of his physical surroundings provided he feels his mother's encouragement and availability. The authors feel that the characteristic fear of this period is separation anxiety which though more complex is less overwhelming than the fear of annihilation through abandonment to be found in the previous phase. A strong and adequate symbiotic phase is a prerequisite for the subsequent successful disengagement which gradually develops in the separation individuation phase and leads to a stable image of the self. This image depends upon successful identifications on the one hand and distinction between object and self representations on the other (Jacobson 1954).

The newborn's waking life centers around his attempts to reduce tension through two avenues: his own body (Hoffer 1949) and his mother's ministrations. He learns to distinguish between a pleasurable and good quality and a painful and a bad quality of experiences; these qualities of good and bad seem to become equated with edible and inedible substances. The young infant eventually has conveyed to him a vague affective discrimination between self and nonself. The qualities of pleasure giving or pain inflicting become anchored to the mother but also to the primitive memory islands formed through pleasurable and unpleasurable sensations from within his own body. This seems to be the beginning of the formation of scattered part images of the object and part images of the body self as well. The authors emphasize that the self images are endowed with the same qualities of prevalently good and predominantly bad as are the scattered part images of the mother. To bad stimuli coming from inside or outside the infant reacts with ridding and ejective mechanisms to good stimuli from within or without he reacts with quiet bliss and later on with reaching out. But overshadowing both reactions is the unneutralized impetuous drive of aggressive and indiscriminate incorporation of good and bad which reaches its peak at the period of oral aggression. Deflection

of the surplus unneutralized aggression from the body ego is of the utmost importance for its development (Hoffer, 1950)

In the further course of normal development there is a unification of the split images of objects and self, and a unified object becomes demarcated from a unified self representation. Solid integration of the 'good' and 'bad' mother images is not completed by the end of the separation-individuation phase, but from three or three and a half years on the child should increasingly be able to respond to the "whole mother, to realize that one and the same person can both gratify and disturb him. With the advent of latency he should begin to be able to modulate feelings within himself, appraise good and bad by trial acting (i.e., thinking)

Anna Freud (1951) has called attention to the negativistic phase of the toddler between two and three which marks the process of disengagement from the mother-child symbiosis. The less satisfactory or the more parasitic the symbiotic phase has been, the more prominent and exaggerated will be this negativistic reaction. Early traumata disrupt the process of self-differentiation and object creation. Too massive or continually harassing painful noxae may overwhelm the infant and lead to exhaustion, apathy, and finally regression to a more archaic level in which the budding self-awareness as well as apperception of the "good" part image of the mother are drowned. Fused and confused faulty couplings of part images of self and object occur and hinder reality orientation. In constitutionally oversensitive and vulnerable infants the pathogenic effects of the described intrapsychic events are enhanced and a prepsychotic stage may be set if fixation to the symbiotic phase is reinforced during the individuation phase. The authors emphasize that it is the existence of a constitutional ego defect in the child that helps create the vicious circle of the pathogenic mother-child relationship by stimulating the mother to react in ways that are deleterious to his attempts to separate and individuate.

A case in point was that of nine and a half year-old Aro, referred because of incapacitating paroxysms of generalized tics which began at age six. Hypertonic and hyperkinetic from birth, he developed a severe pyloric stenosis at ten weeks. Despite this he is said to have been a happy, outgoing infant till the age of about two and a half and a diagnosis of early infantile autism seemed excluded. However, Aro never could tolerate frustrations. Separation from mother or nurse would precipitate a temper tantrum. In retrospect the authors feel this was the first manifest sign of a progressive disturbance in the neutralization of aggressive drive energy. As soon as Aro could walk he evinced a "deadly" hostility toward his five and seven year-old older siblings which brought

about a radical and abrupt change in the mother's attitude toward Aro she became completely intolerant of the child's behavior and sided openly with the other children.

Toilet training was initiated unbelievably early by a strict nurse when at four Aro began to retain his feces for a week at a time his mother gave him frequent enemas against his struggling protests.

Aro began school at five and a half. A year later his tics started. At this time the mother's father, who was devoted to the boy, died. Aro became depressed and his tics became violent. Despite his normal I.Q., he did not work up to grade at school. At nine he had his first psychotic break, which lasted six weeks. He insisted he would not leave his room until the tics stopped and announced "I'm practicing the loudest yell in the world. When I give that yell everything will come to life—even the pictures in the room." Contained in this was the obvious wish to revive the dead grandfather.

This psychotic episode occurred in the midst of psychotherapy with a therapist Aro shared with his mother. About to leave for their session one day his mother found him crawling on the lawn like a baby and masturbating. She reprimanded him harshly. A teacher who was to accompany them was late and the mother became fearful of an accident. Finally the teacher arrived and dramatically explained that one of her pupils had had a bloody accident. At this point Aro slumped to the floor of the car, writhing about and uttering inarticulate cries. The mother's harsh reprimand (coming at a time when Aro was suffering with intense castration anxiety and when excessive masturbation indicated failure of repression of his oedipal strivings) the fear of an accident, the bleeding accident of the pupil and the impending visit to the psychiatrist who belonged to mother and represented the punishing father, added to Aro's mounting terror. His psychotic breakdown represented a refuge from castration anxiety for his disorganized ego and a reunion with the good object on a regressive level. It seems that during his psychotic episode Aro's regressive behavior, entailing alternating primitive introjection projection mechanisms, is similar to the patterning of the relationship between the normal symbiotic infant and mother in which incorporative and ejective mechanisms alternate. The autism and megalomania connote union and fusion with the good mother; the tic paroxysms signify the loss of control in the struggle to eject the incorporated bad object.

In the consultation room his behavior appeared frankly psychotic. He would roam about the room looking, touching, retouching, smelling and mouthing the objects, comparing their weight, tasting and biting them. In a nagging, querulous, perseverative fashion he would question

the analyst about these objects, but attempts to answer were drowned out by Aro's loud vocal tics and by his repetition of the first few words of the answer.

Aro's restitutive attempts to orient himself in the environment were successful with inanimate objects which he could explore at his own speed and categorize stereotypically as good or bad. His attempts at orientation via questioning were less successful. Constantly threatened with loss of self identity through ego alien powers gaining ascendancy, Aro must maintain a control over the answers his questions provoked.

The fear of re engulfment on the one hand and separation anxiety on the other were graphically demonstrated by the relationship of Aro and his mother. They did not converse, but there was much communication by gestures, body movements, and facial expressions. If she came too close, Aro would suddenly strike her sharply on the breast. She was particularly adept at maintaining what was for Aro an optimum distance between them. It appears that Aro's ambivalent behavior was a result of his inability to create a fused and blended representation of his mother as well as of his own self. By virtue of appersonization of the mother's executive functions as external ego, Aro is still able to function on a regressed and constricted level. The main difference between cases like Aro's where remissions are prominent, and others where the loss of reality seems irreversible, is whether representations of outside love objects remain partially cathected or whether the cathexis has been completely withdrawn.

At the point when fear of re engulfment (loss of identity) accumulates simultaneously with its apparent opposite (separation panic), the two overwhelm the ego. Progressive integration and gradual unlocking of couplings of scattered part images of the self and object are prevented, and there is a regression to the stage in which unneutralized libido and aggression were vested in the symbiotic system within the child's inner delusional reality. The mother ceases to exist as a separate entity and the introjected split objects dominate the psychotic child's world.

Other cases described and that of Aro show that when the good images in the outside world are insufficient or unusable to counteract the menace of demoniacal inner powers that harass, attack, and almost annihilate the ego from within (as in ticqueurs), or if both parental images become deflated and useless against castration threat, or if, against consuming introjected bad objects and the hostile world (police, dangerous therapist, death of grandfather, etc.) no object image in the outside world can be depended upon—then the break with reality and withdrawal into an inner world serves the function of survival.

Another aspect of the development of object relationships is discussed by D W WINNICOTT (291) in *THE DEPRESSIVE POSITION IN NORMAL EMOTIONAL DEVELOPMENT*. This concept the author points out does not mean that infants normally become depressed. It refers rather to the transition between the ruthlessly demanding early attitude of the infant to the development of the capacity of concern for the object and of the ability to differentiate between inner and outer reality. A complete summary of this paper appears in Chapter III.

EDWARD LISS (177) traces the origins of the learning process to early phases of development in *MOTIVATIONS IN LEARNING*. He defines it as the psychosomatic process whereby an idea or action originates and is applied. It is derived from the surplus energy beyond that necessary for growth and repair with which the human infant is endowed and is first expressed in the interplay between the child and its upbringers with reference to the body functions and products. A complete summary of this paper appears in Chapter III.

III CLINICAL STUDIES

A group of miscellaneous papers in this section comprises a panel on childhood phobias, a survey of the meaning of reading disability, case studies of aggression and of pathological laughter, a traumatic episode in a very young child, the role of separation in asthmatic children, an anxiety dream in a latency child, the phenomenon of secrets among pubescent girls, and a case of fear of poisoning in a girl in the latter age group.

A PANEL ON CHILDHOOD PHOBIAS (209) was held at the Annual Meeting of the American Psychoanalytic Association. In the main presentation Peter Neubauer presented the thesis that interference with the early and continued discharge of the aggressive impulses may lead to the formation of phobic defenses.

The signs of disturbance in the first two years which seem most related to the mechanism of phobic conflicts are excessive screaming, reactions of displeasure in the feeding situation, sleeping disturbances, frequent reactions to noises, and a history of no disturbance in toilet training. Case material was presented from the literature to point out the similarities in the early histories of phobic children.

These signs may also be signs of constitutional disturbances as seen in the atypical child. Organic pathology may disturb ego function by changes in perceptual experience. The signs described may also be

observed as reactions to external disappointments and frustrations. The instinctual needs of the infant are frustrated by "inappropriateness of the mother's attitude." These infants may attempt to avoid the painful situation in much the same way as the phobic attempts to avoid the anxiety-laden situation. Children with early fear reactions do not discharge their tension adequately by the mechanism of avoidance. This may account for the earlier and more frequent internalization of fear. Neubauer suggested that the separation anxiety in such early manifestations must be considered as the link between the repression of the aggressive and libidinal demands leading to anxiety and the later phobic development in which this anxiety can be bound by displacement facilitating a less conflictual relationship to the parent.

The signs of disturbance were next discussed from the point of view of the ego's capacity to express libidinal and aggressive drives toward the love object. Early and continued discharge of aggressive drives may minimize the need for phobic defenses or, if these appear, they may be transient or easily modified. The question is whether the phobic mechanisms of repression and displacement are not called upon to ward off the aggressive impulses toward love objects, while libidinal impulses are quite freely expressed. In support of this thesis, Neubauer pointed out that phobic defenses and obsessive-compulsive defenses are frequently found in the same neurosis. However, when the history gives evidence of pronounced aggressive behavior such as oral attack, biting, or freedom in the expression of anal aggression, phobic defenses, if any, appear to be transient or are readily modified.

In the cases of Little Hans and Berta Bornstein's Frankie, reported in her paper "Analysis of a Phobic Child," there is evidence of insufficient mobilization of aggressive drives and a relative absence of obsessive-compulsive control. In both cases there is a history of no disturbance in the toilet-training experience. Ease of toilet training may be related to the early inhibition of the aggressive drives. Neubauer commented on some correlations between obsessive-compulsive neuroses and phobias. In treatment, the relatively early improvement in the phobic child is based on the capacity for a potent libidinal object relationship and "sufficient fluidity to permit a reactive response to changes in the environment. Certain fluidity between the defenses against external reality and internal demands seems to be available in phobic symptom formations. There is neither the independence from the outside world which we observed in the obsessive-compulsive neurotic, nor the isolation nor the endless ambivalence in relationship to the object and to the inner demands." Neubauer closed his paper with a statistical study of "external factors such as sibling status in relation to symptom formation."

Lucie Jessner commented on precursory symptoms leading to phobia in distinction to the common transient fears of the young child. She suggested that the phobic child sees the world as a constant temptation leading to doom. There is a general discoloring of the outside world either as a temptation if the child feels endangered by libidinal drives or as a destructive place if the aggressive wishes are felt as the threat. An additional precursory criterion is fear expressed as hesitancy in approaching any new situation. She mentioned some signs indicating that a phobia may result in less ego restriction than some other neuroses. There are two bases for this thesis: (1) the phobic child while giving up one course of gratification substitutes other satisfactions; (2) in the ambivalence of the phobic child the positive feelings are stronger than the negative ones. In line with her understanding of the phobic neurosis as a defense against both libidinal and aggressive drives, Jessner described two possible outcomes. If the ego is utilizing phobic defenses primarily against libidinal drives, conversion symptoms or counterphobic acting out may develop. If the danger to the ego is from the aggressive drives, an obsessive-compulsive neurosis or a character disorder may later develop.

Beata Rank differed with Neubauer and Jessner in regard to the fluidity of fantasies within a personality which struggles against the genital-oedipal strivings. In her experience as we study the phobias we undoubtedly find conflicts which relate to pregenital and preoedipal anxiety as expressed in the fear of dark, of dirt, of being abandoned, of being eaten up, smothered, etc. These pregenital conflicts are behind the façade of later phobias which represent a displacement from a dangerous feared object or from a temptation connected with the feared and forbidden wishes of the oedipal period. The phobia itself represents an attempt to limit the anxiety and thereby also to preserve a normal positive contact with significant people in one's environment. Provided that he avoids the situation of temptation or danger, the phobic is free from anxiety. The presence of component instincts is quite striking, especially of scopophilia and voyeurism.

Nelly Tibout stressed the importance of considering the child's stages of development in any discussion of children. She raised several questions for future investigation. Why does the child not develop a depression instead of a phobia as a defense against increased aggressive drives? Since stresses both internal and external are universal, what determines the choice of defenses or adaptations? Among the possibly significant factors are the social and cultural influences, the intrapsychic structure of the child, and its stage of structural development.

George E. Gardner gave additional examples emphasizing the fre-

quency of oral material in children with school phobias vomiting and gastrointestinal disturbances which are so similar to the morning sickness of pregnancy, the fear of getting up in class to recite, a clear inhibition of oral destructive wishes

René A Spitz urged caution in attributing too much etiological importance to constitutional factors We do not yet know enough to differentiate congenital or constitutional factors from environmental or psychogenic factors with any degree of certainty Spitz encouraged greater use of the statistical approach in studying problems in our field

A comparative study of the incidence of reading disability in several clinical settings reported in *READING DISABILITY AN INDEX OF PATHOLOGY*, by ABRAHAM A FABIAN (78), reveals that an impressive causal factor is familial psychopathology Reading disability is an index of pathology in the individual and the group When familial pathology is an etiological factor, prognosis is poor even with psychotherapy and tutoring Therefore prophylactic measures are recommended

The various theories on the etiology of reading disability proposed in the past seventy five years can be grouped under three categories organ centered, child-centered, and school-centered Proponents of the organ-centered theory indicted damage of peripheral and central organs of perception as causative factors Ocular pathology and Orton's ideas concerning confusion in dominance have received considerable attention However, statistical surveys and everyday application have found the organic theory wanting While an organic defect in the eyes and ears can produce a handicap which might compromise learning no such defect is found in the garden variety of child with a reading disability Further, many children with serious visual defects learn to read without difficulty while dominance problems as well as left handedness are no more common in poor readers than in good readers Moreover, it is generally felt that faulty eye movements are a result, rather than a cause, of reading disability

Educational psychologists have emphasized the importance of the experiential factor in learning pointing out that reversals in reading are more common when the incorrect percept makes sense, for example children will read *on* for *no* but not *ti* for *it* Chinese students read best in their native language when the symbols are arranged vertically, whereas with English they perform best when the material is presented in the usual horizontal sequence Because of these and other findings educators have leaned toward improving teaching techniques as an answer to the problem of reading retardation

Psychoanalytically trained observers have shown that diffuse and specific dynamic factors play a role in many children with reading difficulties. For example, some pleasure-ridden personalities cannot tolerate the frustration that attends learning. In some children learning takes on oral and anal significance and becomes enmeshed in conflicts peculiar to these levels of development.

By the family-centered theory Fabian refers to those reactions, attitudes, prejudices and other habits which have already been established in the child prior to starting school. Thus the child brings his family to school.

Using second grade students of the New York City public schools as a base line, the author studied children from a child guidance clinic, a placement agency, a children's observational unit of a psychiatric hospital, and a special group of deprived children in a child guidance clinic. The reading disability rate was 10 per cent in the school group, 33 per cent in the clinic group, 62.5 per cent in the children at the placement agency, 73 per cent in the children at the observation unit of a psychiatric hospital, and 83.5 per cent in the special group of deprived children studied at a child guidance center. The striking clinical feature is the high incidence of reading disability in children who came from families with severe psychopathology. The guidance clinic study represented children for the most part with behavior problems who came from intact families but with a high incidence of neurotic disturbance in the parents. These children showed a reading disability rate over three times as high as the average for public school children. In the children in the other groups, the increasing incidence of reading retardation was in keeping with the massive familial psychopathy found in these groups.

Familial psychopathology is an ominous prognostic sign. With parents who are themselves deprived or emotionally ill, the children possess neither stability nor foundation to profit adequately from psychotherapy. The likelihood of improvement from exposure to remedial tutoring alone is even more remote. If reading disability in children can serve as an index to individual and familial psychopathology, the school is provided with an opportunity to assess the psychological health of the community it serves. The school should not be saddled with the problem of correcting the pathology, but energy should be directed toward early detection of learning problems. Infantile visual motor performance might provide clues to potential problems, e.g., verticalization. Studies of visual motor maturation suggest that the teaching of reading should be postponed until the seventh year. Early spotting of incipient disabilities would be possible if beginning readers were placed in small classes and assigned to teachers who are well qualified as to ability and personality.

IN THE STUDY OF A PROBLEM OF AGGRESSION, DAVIO CROCKER (55) describes factors in the development of a thirteen-year-old boy which led to such severe asocial outbreaks of aggression as to necessitate separation from his home and community, and admission to a residential treatment center, where psychoanalysis was instituted. The author traces some of the ways in which aggressive drives were deflected from the main course of ego development and demonstrates how these deflections were integrated into the personality of the patient.

S, the second of four children, had a sister two and a half years older who had been given to aggressive outbreaks since early childhood. During her latency the latter was sent away for psychiatric treatment in a residential setting. The father, in his middle forties, was a very weak, impulsive, insecure man who fought his anxiety by compulsive work habits. S's mother was a tired, intelligent, forty-year-old woman who used her seductiveness to control situations when she became too anxious to cope with reality. S was not planned; the mother made several unsuccessful attempts to abort. The baby was never breast fed, and his mother felt depressed by the responsibility of caring for him. In her helplessness she delegated the responsibility of his upbringing to servants.

At the age of three he had a tonsillectomy because of frequent colds, which had been associated with fever and irrational behavior. S's parents were in a constant state of anxiety about things getting out of control; this led to alternating periods of desperate measures and of giving up. Generally, until he went to school, S was depressed, passive, and constricted. He did not start to act out severely until he was six (in the first grade), when his reading difficulty became apparent. At this time his mother had begun her psychiatric treatment. Her seductiveness was enhanced and she encouraged him to express his anger freely in every way—even to the extent of allowing him to strike her. S remained in the public school through the second grade, where his behavior became intolerable. He did as he pleased, defied all rules and authority, and became a leader in delinquent acts, inciting other children to destructive behavior.

At the age of seven, about the time his sister was sent away for psychiatric treatment, he ran into a car and broke his right arm. After this he began to suffer from repeated nightmares in which he dreamed that his sister was killed in an accident. When S was ten he discovered that he had a right inguinal hernia and right chordee and insisted on immediate operation, although the physicians considered surgery elective. Between eight to eleven, he attended a special private school because of his uncontrolled behavior, and because he had fallen seriously behind in his academic work. He was very much withdrawn, depressed,

and inhibited socially on admission to the new school. He spoke very little and was very sensitive about being accepted by his peers. Because he was making no significant academic or behavioral progress at school and because he was acting out in a dangerously aggressive way at home the recommendation was made that S, like his sister, be removed to a residential treatment center. For this move he was prepared by his parents with their usual seductiveness and dishonesty. He was told that he was going to an expensive, high class boarding school because of his academic difficulties.

When the patient came to see the author on the first day of analysis he seemed well aware of problems for which he needed help. He would always say first that he had come to the institution for his reading problem and then furtively admit other reasons such as inability to control his stealing and destructiveness and worry about his body and physical health. He could not stay in school long without provoking his teachers and truanting. In marked contrast to this provocative and destructive behavior was his compulsive neatness, his need to ingratiate himself and his passivity.

During the next three months S's behavior in his treatment hour alternated between controlling and attacking and withdrawing and sleeping. In addition to his concern about his body size, his eyes and his tendency to nosebleeds, he began to talk about inability to control his thoughts. His anxiety was aroused repeatedly by the explanation that to be crazy and to fear that one is are two very different things. Gradually he began to express the fear that he would be considered crazy or defective if the therapist seduced him into revealing his secret thoughts. He was afraid he would break things and parts of his own body. Fears about masturbation and loss of sexual control emerged.

S returned to public school about four months after he had begun his analysis. Subsequently he began to work out in the transference the relationship of his anxiety and aggression to his masturbation fantasies. Essentially he was afraid that outside forces would frustrate his inner needs before he could come to grips with them himself. Aggression was released to control and destroy the environment whenever inner or outer mastery was threatened. S increasingly expressed his need for the therapist's protectiveness and patience in standing by him as he struggled to master reality. It was the analysis of his passivity which eventually made his aggression available for more mature ego mastery.

Analysis of his fear of impotence and castration based on bisexual primal scene fantasies led to the release of a desire for leadership. He now began to find fault with the delinquent behavior of his cottage mates and to suggest more realistic standards and controls. Thus was his ag-

gression directed to reality and ego mastering activities. However, there ensued outbursts of hostility because of his fear that if he lost his symptoms the therapist would say he was ready to leave, and he would be left at the mercy of fantasies not yet mastered, of uncontrolled masturbation.

The analysis ended with the recognition that he was ready to go home, and that he still had many problems, one of which was his depression at being left by the therapist. This was chiefly associated with fantasies of being left out and with secret thoughts that the therapist loved someone else better. Primal scene fantasies played a central role in such fears.

The patient's uncontrolled aggression was at first mainly an expression of the ego's loss of mastery of libidinal drives and was used defensively in an infantile, destructive and controlling way. As the libidinal urges gradually came under the control of the ego, and the conflicts around masturbation and the primal scene were analyzed, the aggression could be fused with libidinally realistic activities, and used to contribute to the ego mastery of reality.

MARTHA WOLFENSTEIN (294) demonstrates how MAD LAUGHTER IN A SIX YEAR OLD BOY was a substitute for tears in an effort to reverse painful emotions and also served as a defense against anxiety. At the same time it provided a release for aggressive and sexual impulses and functioned particularly as an equivalent for excretory acts.

At the age of five Tommy was brought by his mother to a child guidance clinic because his fear of separation made him unable to stay in a nursery school. His behavior was unruly and uncontrollable so that he could not be taken anywhere. Mother and child lived in almost complete isolation always together. Shortly after the mother's parents had died and while she was in a state of depression, Tommy's father had absconded. The child was then three months old. The mother was extremely vulnerable to the enormity of this abandonment. Having always clung desperately to her own mother she had felt she could not go on living without her. Thus fears of abandonment undoubtedly motivated by her own ambivalence, had haunted her life and now three months after Tommy's birth her worst fears had been realized.

In reconstructing the boy's childhood the therapist felt that his provocative behavior had been a successful attempt to arouse his withdrawn depressed mother in order to establish contact with her. He had frequently heard her discuss with neighbors the question of placing him in a foster home, and she had also threatened him in this way when he misbehaved. Another meaning of his provocative naughtiness was the

attempt to deal with the terrible possibility of actual abandonment. He had to subject this to continued testing.

When Tommy was three and a half his mother made her first attempt to place him in a nursery school shortly after he had been separated from her for an overnight visit to a hospital for a tonsillectomy. Tommy would not remain in the nursery school without his mother. When he finally permitted her to leave, he developed a series of illnesses so that the physician suggested he withdraw from nursery school. At five an attempt to enter him in public school kindergarten failed in the same way and he was then brought to the clinic.

He was again enrolled in nursery school, his mother being permitted to remain with him. He was afraid of the other children, complained that they struck him, and was very aggressive toward the teachers to whom he often said, "Get out of here." He was turning passivity into activity, identifying with the aggressor, saying to others what he felt his mother was saying to him. This extremely common mechanism of defense he used again and again in many situations. As a result of his uncontrolled behavior, Tommy was dismissed from nursery school. When his mother attempted to place him in public school kindergarten, he again could not bear to be separated from her. The mother then appeared to give up hope of being able to get Tommy into school; her intention of placing him in a foster home or institution became fixed. It was then that Tommy's mad laughter began. His psychotic tendencies, whether because of their inherent impetus or his intensified emotional danger or both, now became increasingly manifest.

Tommy's crazy laughter was set off by shouting over and over again the word "odor." In Tommy's mind, one of the reasons why his mother wanted to get rid of him was disgust aroused in her by his excretions. The wild, prolonged laughter that followed the use of this word was utilized as a provocative and aggressive act against his mother, who found it unbearable. His laughter seemed to be associated not only with thoughts and symbolic representations of excretion but to be itself equated with an excretory act. He also seemed to equate laughter, excretion, and genital excitement. The extraordinary way in which he announced when he was going to laugh and produced it at will may also have been an attempt to deal with the panic over the increasing loss of control. Other key words such as "Uncle Pete," "Robert," "Dr. Feigel," which set off Tommy's giggling, seemed to be associated with his father. The laughter about these male figures probably was aimed at warding off and denying Tommy's fear of his father. Thus his oedipal feelings, both of sexual excitement in relation to his mother and fear of punishment from his father, were expressed in his laughter. Tommy's laughter

was both an equivalent of release of impulses (hostile, excretory, and genital), and a defense against anxiety. The central and overpowering anxiety in his life was the well justified fear of being abandoned by his mother. At a time when definite plans were under way for placing this child in an institution, his laughter gave way almost entirely to indignation at a pregnant neighbor with whom his mother was friendly. He called her a "bum," a "bitch," and a "fuck." Apparently he felt that it was on account of his genital strivings that he was being thrown out; these became projected onto the pregnant woman, whose sexual activity was patent from her condition.

When Tommy was six and a half he was placed in a small residential center for the treatment of disturbed children. The laughing fits, most frequently cued by words and acts expressive of soiling and dirtying, went on for some time. Shortly before he was eight, when seen by the author after a lapse of a year and a half, he greeted the therapist with his then repetitive phrases. He announced that he was going to giggle but instead grimaced, said other boys were dirty, and covered his eyes.

Thus, Tommy's laughter illustrates a variety of functions. It was a substitute for tears in an effort to reverse painful emotions and served as a defense against anxiety. At the same time it provided a release for aggressive and sexual impulses and functioned specifically as an equivalent of excretory acts. It was also associated with a reduction in articulateness with the shouting of incomprehensible words and phrases, and also with uncoordinated motor activity (he would throw himself on the floor and roll about). In this it expressed a regressive tendency, the reverse of the normal development of a child entering the latency period, in which there is an increased capacity to use speech in isolation from emotionally expressive movements.

ELIZABETH GERO-HEYMAN (105) presents *A SHORT COMMUNICATION ON A TRAUMATIC EPISODE IN A CHILD OF TWO YEARS AND SEVEN MONTHS*. The head of her doll fell off after she had twisted it. The mother, with the aid of her therapist, was able to deal with the child's subsequent anxiety and withdrawal by interpreting aggressive wishes and fears of retaliation.

The mother was in the last stages of her analysis when she reported the traumatic episode to the author. The night following the incident, the little girl, Lily, made all sorts of magic gestures when she took her other dolls to bed. She spat on them and murmured some words which the mother could not quite understand. For several weeks Lily had difficulties in falling asleep.

Lily was completely accepted and wanted by her mother. She was

nursed for six months. The weaning was smooth as was the toilet training. The most disturbing factor in Lily's life was her brother, four years her senior, who often handled her roughly, snatched things away from her, and teased her a great deal. Lily admired him but was also afraid of him. Before the doll incident, she had tried to urinate standing up like her brother. She had often seen her brother's genitals and had shown her envy openly.

Lily's father was kind to her, but his interest in her was rather limited. The mother was able to give the child a great deal of interest and warmth. Lily resented her mother's leaving her to go to analytic sessions. The doll incident occurred while Lily was with a maid during the time her mother had gone for a session.

A few days after the doll incident, Lily burst out crying at a picture on a wall that showed her mother holding her brother in her arms when he was a baby. It showed a wrinkle in the mother's neck as she was bending over. The mother could not move her head without causing anxiety to Lily, nor did the latter dare to touch her mother's head. Another picture also aroused anxiety in Lily while she was having a story read to her about a farmer. In one picture just his hand could be seen, but no arm.

The mother attempted to cope with the child's anxiety by making up a song that included all the traumatic events. The therapist made two suggestions to the mother: (1) to sing that at the time the doll's head had come off, Lily had been very angry with Mummy because Mummy was not at home, and (2) that when Lily had twisted the doll's head so that it came off, she was afraid that Mummy's head could come off but that Mummy was quite all right.

After about two weeks of singing the song, Lily was able to look at the picture of her mother and brother again without feeling anxiety. Then, for the next few months, she tried hard to be tough, obviously imitating her brother. After about three months, she showed signs of being more pleased with being a girl.

The doll accident happened at a time when Lily was preoccupied with the lack of a penis with her strong envy of her brother, and with her aggressive feelings toward her mother, whom she needed so badly at the same time. The main reason for Lily's neurotic spell was the fear of her own aggression. This was directed toward her mother and brother. There was fear of retaliation by the mother.

The two interpretations given by the mother—Lily wanted to hurt Mummy, but Mummy was quite all right, and Lily was mad at Mummy, but Mummy was not mad at Lily—had the effect of making Lily less afraid of her own magic power to destroy, and modified the image she

had of her mother. The 'nice new Mummy' was less aggressive and more accepting of Lily. What is more, Lily had the experience that she could hate and still be loved.

The observation, both in the authors' cases and in the literature, that often when an asthmatic child goes to the hospital or away to camp, the asthma dramatically improves and equally dramatically recurs when he comes home forms the point of departure for the paper, *EMOTIONAL IMPACT OF NEARNESS AND SEPARATION FOR THE ASTHMATIC CHILD AND HIS MOTHER*. LUCIE JESSNER, JOHN LAMONT, ROBERT LONG, NANCY ROLLINS, BABETTE WHIPPLE, and NORMAN PRENTICE (141) discuss separation and take up early respiratory infection, ordinal position, and special emotional conflicts of the mother, which seem to be especially pertinent to the problem of the asthmatic child and his mother.

The observation of improvement in the child's asthma on hospitalization and recurrence on return home was conspicuous in the cases. Yet it was also evident that mere physical separation did not necessarily lead to relief from asthma. The complex factors involved are demonstrated by reviewing some of the specific case material.

Deborah, a girl of ten years and eight months, was referred because of chronic asthma and anorexia. Asthma began at two and a half, with attacks increasing in frequency and severity, leading to numerous hospitalizations with temporary benefit. Since the age of four Deborah had eaten poorly and lost weight. Her mother was a thin, harsh woman at her wits' end with the patient unable to understand and cope with her. The father seemed strict but with an unusual understanding of the child. He felt she resembled him. Several times she had fallen ill before or after he did.

The patient was weaned suddenly at six weeks because her mother's milk was considered 'bad'. Thus there was an early estrangement between mother and child, with feelings of frustration on both sides. Deborah had eczema and boils from four months to two years. Whatever skin contact and resultant comfort existed was restricted to the application of medicine. The sight of eczema and the repulsive smell of ointments made the mother disgusted with the baby and resulted in greater estrangement. After a number of colds asthma was diagnosed when Deborah was two and a half. Shortly thereafter, the mother became pregnant with Harold, born when the patient was three and a half. The father took care of Deborah during this time. He dressed and fed her and gave her suppositories and injections during nocturnal asthmatic attacks. She became his favorite. After the birth of Harold, the patient would wake up screaming and seize her tongue with her fingers, crying

that she would swallow it and die. It was felt that oral impregnation fantasies connected with her father were frightening her. At this time she began to eat poorly. Some orally aggressive fantasies connected with Harold seemed related to the eating difficulties.

In her interviews at the hospital the patient revealed the fact that she liked to overcome her rage by being good and helpful to persons who annoyed her. Reaction formation seemed the most outstanding of her defense mechanisms although suppression was another common defense. Deborah expressed disappointment with her mother who she felt neglected her. She had similar feelings about other women. She was also uneasy with her father. Jealousy of her brother played a prominent part in her feelings. On the conscious level her aversion to food seemed an expression of reproach and defiance. On an unconscious level however eating seemed so strongly related to cannibalistic and castrating tendencies that the defense against them necessitated refraining from eating. Deborah was aware of the fact that her asthma returned when she went home. Her anorexia and asthma seemed interwoven with and over determined by the wish to be fed and protected by the mother, the oedipal fear of the father, the struggle against oral impregnation and oral devouring wishes. She tried to please the mother by being sweet and obedient. Disappointment was expressed by hunger strikes and rage by asthma attacks. Both conditions improved in the hospital which provided the patient with accepting mother figures (nurses and psychiatrists) and allowed a passive anachitic form of existence.

Subtle forms of separation bring on the threat of losing the mother's love which is so crucial to the asthmatic patient. Thus situations like the arrival of a sibling, emotional withdrawal of the mother through nursing or illness, awareness on the child's part of feelings which are unacceptable to her mother (forbidden aggressive or sexual impulses) continued the threat of estrangement from mother and brought on an increase of asthmatic symptoms. An attack of asthma might arise from such sources even in the absence of the mother.

Another case illustrates many of the features which the authors feel characterized their group of asthmatic children and their mothers. (1) the ambivalence over closeness and separateness reflected itself in the concerns of both the child and his mother. (2) both mother and child tended to preserve the unique quality of their attachment by inhibiting impulses which tended to endanger it. (3) the source of the mother's need to keep the child close to her was derived from an early dependent relationship with a mother surrogate. (4) some of the complex interactions between allergic propensities, respiratory illness and the special emotional climate that surrounds the asthmatic symptoms were manifest.

The child's need to be close to the mother was strikingly demonstrated in the authors' case material. Many asthmatic children want only the mother to take care of them, particularly during an attack. They may insist on sleeping with the mother (or the father) so that in these families ordinary sleeping arrangements are constantly disrupted. Frequently the children symbolize their need for mother in terms of houses or caves but the protecting shelter is often seen as dangerous. In one youngster, his wish for and fear of the enclosed place were linked with his suffocation fantasies and ideas about asthma. He had a cowboy caught in quicksand, submerged and suffocated. Suffocation is the worst kind of death there is. I know I feel suffocated when I have asthma. He was attracted to water and at the same time feared it. Other investigators have pointed out the importance of water fantasies in patients with respiratory illness and their significance as symbolic of purification, rebirth and return to the mother. The asthmatic child wishes for shelter and protection, for the intrauterine position where all needs even breathing, are automatically met. But the claustrophobia is as much frightening as desired, it reflects helplessness, frustration and death, as much as gratification and safety.

The child's need and the mother's need for closeness complement each other. One mother complained about her five-year-old son's infantile traits but unconsciously she preferred him to be a baby. She had to be present when he urinated. After he moved his bowels, he would lie across mother's knee while she wiped him. The mother was unaware of her wish to keep her youngster infantile and dependent on her, but showed it indirectly when she frequently questioned the need to continue treatment and when she resented the suggestion that her son wipe himself. The need to keep the child close often led the mother unconsciously to foster the child's asthma. As the asthma begins to improve in therapy, the child usually becomes identified with a figure from mother's past incompatible with the reality of the child in the present. The source of the mother's special bond with the asthmatic child becomes apparent in the light of her past experiences. With some children the mother repeats the unresolved hostile dependent relationship with her own mother. In other cases the authors found that the mothers had an anaclitic and obligatory relationship with another person, often a sister. When the mother identifies the asthmatic child with a sibling, the significance lies not so much in the identification itself as in the revival of the mother's conflict with her own mother.

The twin theme proved to be a striking way in which the unconscious symbiotic need was expressed both by the mothers and the children. One mother had always been attached to her older sister. We

were often taken for twins she said. She very much wanted twins and indeed had at first given birth to twin girls, one of whom died at birth leaving the mother griefstricken. Three years later a boy was born who subsequently developed asthma. Unconsciously the mother identified her son with the dead twin. In later years his birthday was celebrated on the birthday of his older sister. The boy told his therapist that the milkman thought he and his younger brother were twins. Twin fantasies were another derivative of the symbiotic need shared by mother and child.

The central conflict is essentially the same for boys and girls. They experience intense longings to be close to the mother and at the same time feel threatened by such closeness and the need to escape from it. However, on the surface the mothers of girls expressed more negative feelings while positive aspects more often colored the relationships between boys and their mothers. With the girls the mothers were more outspokenly resentful of the asthma attacks and would accuse the child of having an attack in order to get her own way. However, a tender intimate mother-daughter relationship was found in two cases where the mother also had asthma. In these cases there was an intuitive understanding of each other's needs and feelings, often on a nonverbal level. In contrast to the general relationship between mothers and daughters, the relationship between the mother and the asthmatic boy appears more affectionate. The mothers were frequently seductive and encouraged the expression of oedipal wishes but tolerated aggression poorly.

The general impression is that the father's relationship with the son does little to enhance his masculinity. In many cases the father's relationship with his daughter was unusually warm and understanding. Seductive behavior on the part of the fathers toward their daughters endangered the relationship between mother and daughter. Such mothers were outspokenly jealous of their daughters. The authors felt that the central conflict of the asthmatic child and his mother, involving a mutual need for closeness and mutual fear of estrangement, was intensified by the girl's oedipal wishes.

JOHN C. LILLY (173) describes AN ANXIETY DREAM OF AN EIGHT YEAR OLD BOY AND ITS RESOLUTION. Shortly after his father returned home following a herniorrhaphy the dream took place. The father's direct observations and his handling of the situation are presented. The author demonstrates how phallic and oedipal material can break through in latency, the directness of the symbols in the dream and its resolution when reality material was discussed.

An eight year old boy's father arranged for a herniorrhaphy without discussing the nature of the operation with the boy. Upon his return

on the eighth postoperative day he was in obvious pain. On the ninth day the mother and older brother left for a six-week trip. That night the child awakened the father by his screaming, seemed terrified, and did not respond to his father when called. When the boy touched his lower abdomen, the father intuitively felt that the boy wanted to hear about his operation and said so. This immediately quieted the child. Thereupon the father assured him that the operation had not injured his penis and testicles, and the boy fell asleep.

The following morning the father asked the boy what he had dreamed, but the boy denied dreaming. However, with cajoling, he recalled a dream of "a long time ago," which occurred in a jungle. "The elephant was mad at the tiger and they had a fight. The tiger bit off the elephant's trunk and there was lots of blood. The elephant stepped on the tiger and smashed him."

The father's spontaneous handling of the night terror was based on a partial identification with the boy which permitted him to understand the dream. The behavior of the boy during the nightmare represented a battle between the child and the father. The dream contained a wish to castrate the father, symbolized by the operation, with subsequent retaliatory castration by the father. This was facilitated by the absence of the mother.

The synthetic function of a child's ego often needs a relatively complete reality picture to prevent terror-producing unconscious fantasies from filling in gaps. The loved object can help the child regain ego control by supplying reality data.

HANS ZULLIGER (300) discusses THE "SECRET" OF ADOLESCENT GIRLS. They carry on intimate friendships and conversations which are manifestly trivial but charged with strong affect because they have a symbolic meaning pertaining to defense against the castration complex. Zulliger states that his observations were made in a Swiss rural population and could be different in other groups or other countries.

Adolescent girls are fond of confiding "secrets" to each other. If one girl of a pair betrays the secret to a third one, the friendship changes into violent hate. However, the manifest contents of these secrets never refer to sexual matters; they are so superficial and commonplace that the intensity of the affect attached to them and to the betrayal is difficult to understand. They must have a deeply unconscious meaning. For example, a third girl is criticized for wearing dresses or jewelry which are not in keeping with the means of the family. There appears envy which is unconscious and also self-criticism projected onto the criticized one, i.e., a repressed feeling of inferiority. Jewelry and dresses are narcissistic im-

plements in the service of exhibitionism as well as of defense against it. But jewels have also the meaning of amulets—a magic protection from danger. The danger is the detection of the state of being castrated. Jewels emphasize prominent parts of the body other than the genitals. For the young girl they also mean the unconscious expectation that she will still grow a penis. In the one that is criticized for her jewelry there seems to be a higher degree of this expectation and of the denial of femininity. The unconscious meaning of the manifestly trivial but so important secret of the two friends is: we are girls after all and help each other to reconcile ourselves to the feminine role and to our defect but we are strong only when we keep this a secret. The secret thus becomes a substitute for the penis; its betrayal means castration. The appearance of menstruation which is always a trauma though often not admitted intensifies these unconscious thoughts and feelings. While the growth of the breasts before the onset of menstruation can foster the illusion that something—a penis—can still grow menstruation itself destroys this hope. The intimate friendships with their symbolic contents are needed for comfort.

IV THERAPY

The papers in this section lend themselves to subdivision into five groups: (1) indications and contraindications for analysis; (2) methods of treatment, i.e. one paper on simultaneous treatment of mother and child and one on institutional treatment; (3) the problems of transference and countertransference in the treatment of children; (4) a group of papers on specific problems—sleep disturbances, severe ego disturbances—and individual case histories; and (5) papers on the treatment of adolescents.

In their paper *INDICATIONS AND CONTRAINDICATIONS FOR PSYCHOANALYSIS* S. NACHT and S. LEBOVICI (198) take up these considerations in the case of children as well as of adults. A complete summary of this paper appears in Chapter VII.

DOROTHY BURLINGHAM in cooperation with ALICE GOLDBERGER and ANDRÉ LUSSIER (44) discusses a case illustrating the *SIMULTANEOUS ANALYSIS OF MOTHER AND CHILD* carried on by different analysts.

A child with a seemingly good prognosis is often treated with disappointing results despite much effort by psychiatrists, analysts, child guidance workers, etc., and the conscious cooperative effort of the

on the eighth postoperative day he was in obvious pain. On the ninth day the mother and older brother left for a six week trip. That night the child awakened the father by his screaming, seemed terrified, and did not respond to his father when called. When the boy touched his lower abdomen the father intuitively felt that the boy wanted to hear about his operation and said so. This immediately quieted the child. There upon the father assured him that the operation had not injured his penis and testicles, and the boy fell asleep.

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A child with a seemingly good prognosis is often treated with disappointing results despite much effort by psychiatrists, analysts, child guidance workers, etc., and the conscious cooperative effort of the

mother This is due to the pathogenic influence unconsciously exerted by the mother The authors demonstrate that nothing short of an analysis of the mother can reveal the intimate relations between her unconscious fantasies and attitudes and her child's disturbance The child who is seduced merely by the mother's fantasies can be freed from this grip more effectively than one who also has to contend with manifest disturbances in the mother's behavior

Bobby was first brought to a child guidance clinic at two and a half because of feeding difficulties, wetting and soiling, retardation of speech, biting attacks on the mother, and clinging to her. The mother attended for one year, once weekly She accepted advice and the child improved, however, she remained adamant in her allegedly hygienic attitude toward handling and cleaning the child's penis The therapist distrusted the stability of the improvement, and when Bobby developed the new symptom of running from mother into the street traffic she advised child analysis

Bobby was in analysis from three and a half to four and a half and again improved, the analysis being broken off when the therapist had to leave London He had noted that the mother had forgotten the advice and interpretations given during the first child guidance treatment Again the situation deteriorated and Bobby was referred to the Hampstead Child Therapy Clinic, where his case was selected for inclusion in the project of Simultaneous Analysis of Mother and Child The analysts of the child and mother did not communicate with each other but reported separately to the supervising analyst

Bobby was weaned at twelve weeks because his mother did not have enough milk She was still feeding him like a baby at four and a half At age one he had a severe attack of diarrhea retained no food, cried, whined and hardly slept For four months on a doctor's advice, he was kept on a strict starvation diet At two he was sent to a residential nursery when his mother had to be hospitalized There he fell ill, his severe constipation dated from this separation

Illumination of Bobby's feeding problems came from the mother's analysis She had learned in childhood that her mother tried to abort her because she did not want to have a child As she grew older she was considered abnormal and 'odd' This image she later projected onto Bobby Her statement that she had insufficient milk to nurse Bobby turned out to be inaccurate Actually, her milk flowed freely but dried up as soon as she put the child to the breast Mrs N had learned before she was five that she herself had been breast fed and that her mother developed cancer of the breast soon after, she died before the child was six The patient persistently believed that she had been responsible for

her mother's death. Further analysis revealed that nursing Bobby meant permitting him to commit fellatio with her (breast phallus). During her own mother's illness Mrs. N had suffered neglect and hunger. By taking her milk Bobby would empty her out and this was associated with deep depression. For Mrs. N and Bobby alike food and love were synonymous. Her defenses against cancer fellatio fantasies, emptiness and depression forced her (despite her conscious intention to give Bobby a better childhood than she had had) to have Bobby repeat her own experiences of deprivation. She blamed herself for the boy's severe diarrhea at age one, thinking she had fed him some spoiled meat. This was linked to the time when her own mother was too ill to feed her properly. The analysis unearthed her fantasies of revenge and death wishes toward her mother. These lay behind her tendency to provoke Bobby to naughtiness and uncontrollable behavior which served to assuage the unconscious guilt toward her mother.

Bobby's anal problems were expressed in a peculiar ritual. When after holding back his bowel movements for four or five days he could do so no longer, he would rush up to his mother, order everybody out of the room and without trousers run around on tiptoe while his mother sang a special song, *Tiptoe Through the Tulips*. He then clung to his mother and crouched down while she had to catch the feces in the pot. This had to be repeated until in small portions he had finished. His mother had to empty the pot for every separate piece. The child's analytic material revealed the two opposing anxieties which dominated his behavior in feeding and in defecation: the fear of emptiness and the fear of being full. The former made him greedy and led him to retain his feces; the latter related to his mother's regarding feces as bad as well as to a frightening experience at age four when Bobby was in an Underground train that got stalled in a tunnel. Fantasies of anal birth and his wish for reassurance that babies could be reborn determined some aspects of his defecation ritual. Loss of feces in the lavatory also meant castration and death.

From the mother's analysis it developed that constipation was a lifelong symptom beginning early when she forced her mother to remain with her during defecation. Loss of feces meant loss of attention, emotional emptiness and depression. During her mother's illness her constipation assumed a double meaning. On the one hand it kept her mother at her side and reassured her that she was alive; on the other hand it was an expression of her death wishes against her mother for she had been made to understand that her behavior would tire her mother and make her die. Mrs. N's pregnancy with Bobby ended for a time her dread of emptiness and nurtured the fantasy of keeping her

mother alive within her. She reacted to the birth with a severe depression and suicidal thoughts. In addition, the fetus represented the longed for penis so that the birth of Bobby represented a castration.

There were striking similarities in the anal behavior and fantasies of Bobby and his mother. Both fought a sadomasochistic battle with their mothers over their feces, in both, death wishes against the mother were dealt with by compulsive clinging. Under the light of analysis the anal ritual assumed the aspect of a *folie à deux*, his act of defecation a moment of perfect loving union between the two partners.

In regard to separation anxiety, however, there was a difference between mother and child. Bobby clung to his mother as she had to hers, but, as with his eating, he was able to behave differently when not under her direct influence. She suffered from guilt over feeling relieved when she was without him because this to her was proof of her death wishes against him. His pleasure in being without her symbolized rejection by her own mother. She projected her separation anxiety onto him and provoked its expression. When they met after a separation the anal scene was immediately enacted. There was much evidence that the mother identified her body processes with the child's, when her fantasies of fullness and emptiness ceased to be concerned with the child's body, they turned at once to her own body, where they were lived out instead.

Both held to the unconscious fantasy, feces equals baby. Whether Bobby shared his mother's fantasy, feces equals mother, was not clear. Loss of feces led to depressive feelings in her, whereas Bobby himself was the anal baby and experienced anxiety when his mother "drowned" his anal products. His compulsive enactment of symbolic rebirth was his defense against this anxiety.

Bobby's phallic symptoms and strivings became manifest in his mother's presence. In his sessions with the therapist he would take the role of mother and act out with girl dolls the sadomasochistic behavior which his mother displayed in her handling of him. Similar behavior was transferred directly onto the therapist. In his behavior toward his own body he identified with the sadistic, castrating mother image, and developed tendencies toward self injury. His fantasies of intercourse with himself in the male role ended in his downfall, injury, humiliation, and death (castration). When his castration fear was too great he regressed to anal passive behavior or reversed masculine and feminine roles.

The mother's anal fixation colored her oedipal strivings, as reflected in the usual symbolic equation feces-penis-child. Her analysis left no doubt that Bobby's exhibitionism (which she unconsciously provoked and by which she then felt overwhelmed) meant to her the realization of her wish to have a penis to exhibit. But Bobby's mascu-

linity also represented her father's dangerous sexuality and thus the child was able to dominate her simply by exhibiting his penis. In part her rejection of the boy stemmed from the fantasy in which Bobby represented the guilt-charged realization of her wish to have a child from her father. Her conception of intercourse was a sadomasochistic one.

Mrs. N's sexual excitement which was stimulated by her sadomasochistic interpretation of the analytic setting was partly acted out in the street where as the transference intensified she became so fearful of the traffic as to verge on agoraphobia. There was a link between her sexualization of the traffic and Bobby's symptom of running into the street. Buses to him were phallic symbols; in his play he would hold toy buses in front of him as he dashed himself against the walls of the room.

In summary the following types of interaction seem to the authors the most important ones: (a) inhibition of the mother's function due to unconscious anxiety as for instance in her attitude to breast feeding; this had a lasting pathogenic influence on the life and development of the child; (b) the mother's fantasies of emptiness and fullness which not only affected her behavior toward Bobby but were internalized by him; (c) Bobby's typical exhibitionism which met with the mother's overvaluation of his penis and her ambivalent impulses toward it; what might have been a transitory phase in Bobby's life thus became a permanent symptom; (d) Bobby's response to his mother's sexualization of the street traffic; (e) the intimate union of mother and child in the cat and mouse fantasy and the anal ritual which amount to a *folie à deux* in the intensity in which they were enacted.

The analysis of Mrs. N explained why child guidance treatment had failed to secure lasting improvements: her problems were much too deep seated and severe to be accessible to advice and guidance. Although analysis was able to free Bobby from the influence of her fantasy life, improvement in his reactions to her behavior was blocked by her cat and mouse provocation and her constant handling of his genitals which acted on him as permanent seductions.

AUGUSTA ALPERT (7) who holds that the teacher-child relationship is the core of therapeutic education discusses methods of handling such problems as separation anxiety, difficulties in sublimation, child-child relationships and child group relationships in *THE TREATMENT OF EMOTIONALLY DISTURBED CHILDREN IN A THERAPEUTIC NURSERY*.

At the Council Child Development Center in New York, a therapeutic nursery, children are often referred because of difficulties in controlling aggression, impulsivity, autoerotic practices and habit disturb-

ances Because of the frequency of separation anxiety, methods of handling this problem have been incorporated into the school curriculum There is a preparatory period in the outpatient nursery in which children and their mothers visit with the teachers and talk informally Just before the school term begins, the child and mother visit his teacher in the nursery room to which the child has been assigned There is attendance by all mothers at the beginning of the school year for as long as it takes the child to accept the teacher as a substitute for his mother Then there is gradual withdrawal of the mother from the child's environment, with oral gratification (snack or nibble bar) and physical gratification by the teacher (care and fondling) to the degree to which the child can accept it Once separation from the mother is accomplished, the transferred dependency of the child on the teacher is used for therapeutic purposes For example, the child's regressive needs are recognized, gratified and used as starting points for new experiences

The case of Albert shows how the teachers use the content for guided regression Albert, a bright verbal child, with superior reasoning power, entered the nursery at three and a quarter years, still drinking four bottles daily, sucking his fingers between bottles, clinging to a disreputable blanket, and staring off into space when engrossed in his autoerotic activities He was not yet toilet trained The parents also complained of his aggression toward his baby sister, born when he was two, an event which interfered with his incentive to growing up Whenever Albert played in the doll corner at the nursery, he was the baby He received only indifferent mothering from the children, but the teacher supplemented this generously She accepted his helplessness and tended to his needs but also stimulated him and gently roused him from his passivity Gratification of his regressive needs did not interfere with his strides forward During the first few months, he achieved separation from his mother, gave up three bottles, was reliably toilet trained, and began to show far less aggression toward his sister

Fixation on early levels of gratification, together with an inability to find a comfortable ground between instinctual gratification and reaction formation, shows up in the difficulties in sublimation For example, in the paintings of these children there were no clear designs or representational forms such as would be expected in a comparable group of children from a normal nursery Instead, smears, smudges, and color masses were the rule They were much slower in passing to the line and form stage of painting This impairment of sublimation was a reflection of their disturbance in identification, lack of clarity and stability of the object, and of the disturbed balance between instinctual urgency and ego organization To treat this problem, the teachers modified the presenta-

tion of materials and setup so as to conform to the greater need for dosing and structuring of experiences. They also increased their participation by closer physical presence by more help with the handling of the medium in order to reduce frustration and overstimulation and by recognition and encouragement of the children's progressive needs. Prompt and remarkable changes were observed. Most of the children had difficulty in relating to other children partly because of such great absorption by their fantasy life that they had no empathy for others. Some seemed to be satisfied with their obsessional preoccupations or autoerotic practices. Similarly, there was a greater difficulty in group relationships. A sort of musical pantomime is used by the teacher to help with group relationships. Every day at the same time and in the same environment the teacher tells the children what to do and see and where to go accompanying each item with appropriate musical sounds. Thus close identification with the teacher is exploited to stimulate greater responsiveness which in turn stimulates better group communication.

In her discussion of this paper, Millie Almy stated that many of the techniques described would seem to be applicable in the ordinary nursery, for dependency needs are of major importance to any young child's relationship with his teacher. Similarly, an understanding of sublimation, the use of guided regression and techniques in developing better interpersonal relationships, all have their place in the typical nursery.

IN SOME REMARKS ON TRANSFERENCE AND COUNTERTRANSFERENCE IN ANALYTICAL CHILD THERAPY, E. C. M. FRIJLING-SCHREUDER (96) discusses various phases of transference that occur in the analytic treatment of children pointing out that in young children there is a very real question whether the typical transference neurosis occurs and that later in latency, puberty and adolescence, special factors relating to the handling of the transference have to be considered in the treatment.

The author asks whether before the fifth year, the child's feelings which arise toward the analyst in the treatment should be called transference. In this instance emotions are not displaced from parent to analyst rather there is an equalization of analyst with parent. However, in young children whose hostility toward the mother is unconscious the relationship to the therapist can be used to help bring this out. Originally it was believed that children did not develop a real transference neurosis after Anna Freud's work was published, however, it was realized that it was possible to obtain 'via the consistent interpretation of the child's ways in dealing with his affects' transference processes.

which are comparable to what is to be seen in adult analysis. Often the child's negative transference to the therapist can be dealt with in the beginning by the discussion of the purpose of the treatment and of the child's negative attitude and this begins the analytic therapy." Furthermore, children often present material in the form of acting out, which must be handled by interpretation of the transference situation in the right way and at the right time. However, despite all this and even though transference phenomena may be extremely intense, they are really of a temporary character as compared with the continual interplay between child and parent.

The author next discusses transference phenomena in various periods of the child's life. In the latency period, the child's interest is turned toward the outer world and there is little introspection. During this period, part of the negative transference in the treatment is a simple reflection of the child's need to turn away from himself toward the outside world; it is not the result of hostility. In the prepubertal and pubertal period, part of the negative transference is connected with the child's faulty integration at the time. One must be careful, therefore, not to discuss resistance directly, since this will threaten the child's integration, but to discuss first the "adaptive aspect of the defense mechanism." Also, the child often wards off his fear of seduction in the transference by scorn and contempt displayed toward the therapist.

In child analysis, one must deal not only with the child's transference reactions but also with those of the parents. The analyst's intervention often deprives the parent of the opportunity unconsciously to gratify and act out his own infantile conflicts in relation to the child. The process of helping the parents become aware of these unconscious factors is painful to the parents, so that they often assume a destructive or negative attitude toward the treatment. As a result, as can be seen in the psychiatric literature, child analysts often display a hostile attitude toward the parent. This is in part connected with the problem of countertransference in the treatment of children. "This problem is twofold: the countertransference toward the child and that toward the parents." That toward the child relates to the analyst's feelings when he finds treatment difficult and is unable to help the child. This countertransference can lead to a superior attitude toward the child which can inflict a rather serious narcissistic injury upon the child. In addition, the analyst may feel threatened by the child's acting out, his regressive behavior, and his closeness to the primary process. The countertransference of the child analyst to the parents is often related to the frustrations the analyst feels because he knows he is dealing with sick people

who are interfering with his efforts, but whom he cannot and should not treat

IN REMARKS ON THE ETIOLOGY AND MANAGEMENT OF EGO DISTURBANCES IN CHILDREN HERMAN S. BELMONT (23) discusses the difficulties in assessing the factors responsible for severe ego difficulties in children. He illustrates the interplay of constitutional and environmental factors and suggests that etiologically there is a complementary series ranging from the predominantly constitutional to the predominantly environmental. Treatment should help the child increase his ego strength and form better object relations. A workable therapeutic relationship is essential for these goals and is thus the primary objective.

A child of age one year and a few months presented behavior indicative of severe ego disturbance. He cried continuously, clung to his father, did not respond to the spoken word, slept and ate poorly. The mother was very narcissistic and was preoccupied with feeding the child until 'she felt satisfied'. At fourteen months the child and parents moved into the grandparents' home for several months. The grandparents were a stabilizing feature, and the child showed considerable improvement. By three and a half the child had developed some degree of frustration tolerance, but there were definite ego disturbances. There is a group of children bordering on childhood psychosis yet not psychotic, in whom early childhood traumata seem to have disturbed ego development to varying degrees.

Johnny, age fifteen, came to therapy for unhappiness and poor school adjustment. He was ostracized by his peers. He had a very active fantasy life and masturbated to excess. However, he won honors in school and did have a few close friends. His object relations were narcissistically colored. He was unable to separate from his mother and constantly changed roles from active to passive from mother to child. He had suffered from congenital anomalies consisting of a cardiac defect and an imperforate anus. At five he developed asthma. Until six he shared his parents' bedroom, replacing his father, who had entered military service when the child was three. He was given enemas regularly to age eleven. There was a successful heart operation at five and a half. Although the mother handled situations in a way that left much to be desired, the child's ego disturbances were not of psychotic proportions. His physical disabilities definitely contributed to the forces producing the damaged ego.

Nick, twelve, was considered immature, disorganized, and disobedient. He had certain 'as if' qualities and demonstrated 'learned' but not integrated behavior. He had been unwanted and rejected by his

mother, and had suffered from infantile eczema. The father, who was away when the boy was one to four years old, was a very strict disciplinarian when he returned, and the boy rejected him for over a year. Although he seemed unable to organize his thinking, had an inadequate concept of reality, was defective in basic comprehension, was tactless, uncouth, and possessed little frustration tolerance, he did not have a fragmented ego and was not psychotic. In another child or with additional traumata a psychosis might have occurred.

The child handles life situations with his constitutional endowments. The mother will either hamper or help the child in mastering such situations. It is the interplay between endowment and life situations that determines ego development. Fries's work on activity types demonstrates this interplay soon after birth. Later, the mother's handling of the child's speech and gestures is vital in the development of ego functions such as reality testing. In childhood schizophrenia it is not either the child's lack of maturation or the mother's personality type, but an incompatibility between the mother and child which damages the ego development.

In treating disturbed children the first goal is establishment of a workable relationship. Identifications made with the therapist are the forerunners of object relationships. Early contact is often primitive, but must be utilized. At the same time limits must be set for the child, especially concerning impulsive behavior. The children must also be helped to deal with the outside world and may need education about things like eating, personal hygiene, etc. Parents must also be helped. They are beset with ambivalent feelings and guilt concerning the child. Pathological parental attitudes, whether primary or secondary, must be handled. Group contact is desirable for the child when he has matured to the point where a suitable group can be found for him. The use of the group experience must be evaluated carefully in terms of the child and the family.

IN ETIOLOGY AND TREATMENT OF SLEEP DISTURBANCES IN CHILDREN, MELITTA SPERLING (264) states that insomnia in young children is often the first symptom of severe neurotic or psychotic disorders. Their dynamics are similar to those of the traumatic neuroses, and respond best when treatment is instituted early.

Fenichel and others explain neurotic disturbances of sleep in terms of the failure to repress tensions, especially sexual. Simmel suggested that the beginning of the schizophrenic process might be associated with a temporary disturbance of the ability to regress by means of sleep. The author supports these hypotheses by observations during the analysis of

children with insomnia. Severe sleep disturbances in young children are sometimes the only early identifiable precursors of a later schizophrenia. In a previous paper, the author demonstrated that insomnia was a child's defense against the threat of loss of object relationships and against succumbing to overpowering sadistic oral impulses.

The characteristic conflicts of each developmental stage are reflected in sleep disturbances. Mild and transient sleep disturbances during the oedipal stage are typical of childhood in our culture. The more severe sleep disturbances are indicative of serious emotional disorders. There is a definite analogy between these sleep disturbances and the traumatic neuroses of adults with regard to genesis, dynamics and treatment. Anxiety is the most frequent cause of sleeplessness in children. Since it is not possible to explore the sources of the infant's anxiety directly, it is necessary to include in the investigation the mother and her feelings regarding the insomnia.

Case 1 was that of a six month old child with restless sleep. The mother was an anxious overconscientious person with unconscious hostility toward the child. To reassure herself that nothing was wrong with the baby she would fuss with it, thereby waking the child up. Analysis of the mother led to changes in her feelings toward the child and resultant improvement in sleep.

Case 2 was a twenty-two-month-old boy with severe insomnia from birth. The mother was overindulgent and had always been afraid to allow the child to cry at night because of the fear that she might disturb her husband and neighbors. As a result she herself or someone whom she hired sat with the child throughout the night. The mother was afraid of the child and gave in completely to him. The sleep disturbance cleared up when the mother allowed herself to take the advice of the analyst to allow him to cry through several nights without attending to him.

As a result of child training there is repression of anal-erotic and aggressive impulses. Mild transitory sleep disturbances are rather common. Whenever such repressions are excessive and complicated by traumatic experiences the disturbances will be more severe. Emotional overstimulation and seduction are particularly harmful because they prematurely stimulate phallic impulses and reinforce anal conflicts. In the early stages before the development of symptoms treatment may be quite rewarding, often indirectly through guidance of the mother. Even when there are reaction formations and compulsive character traits early treatment is comparatively simple. An illustrative case is that of a boy who at eighteen months began to have nightmares and demonstrated an excessive concern with cleanliness and food and sleep rituals. His mother

was preoccupied with anal functions and encouraged feminine traits in him. She had suppressed his aggressive expression early. A short period of treatment helped him to release some of his repressed anal aggression, and the mother was induced to relax her rigid control over him. She was discouraged from taking the boy into bed with her when he had a nightmare. This practice only provides an additional source of overstimulation for the child who is already having difficulty enough coping with his sexual impulses.

The most common period of childhood insomnia is during the oedipal phase when there is so much conflict over oedipal strivings and infantile masturbation with the resultant fear of castration. It is usually mild and temporary, with occasional nightmares and difficulty in falling asleep. The pathological cases are always due to a defeat of the child's task of renouncing its oedipal strivings through faulty parental attitudes. Of particular harm is the suppression of any overt manifestation of sexual feelings, sexual curiosity, and jealousy in the child accompanied by sexual overstimulation. The difficulty is often attributed to external sources such as television, movies, or frightening experiences. As in the traumatic neuroses, only those children who have intense conflicts fall prey to these external stimuli.

A six-and-a-half-year-old boy's sleep difficulty resulted from repressed death wishes toward a rival brother, who had threatened his position with the mother, who had previously fostered an unhealthy attachment to her. His difficulty had become manifest shortly after the discovery that the cemetery contained the sleeping bodies of dead people. He feared the same fate as a result of his hostile wishes toward the brother. Working through these impulses resulted in a prompt improvement of his sleep. Acute repression of object-directed destructive impulses in a child leads to a sleep phobia. The child may either refuse to go to sleep at all, or does so only after certain precautions. Perhaps the mother is required to lie with him until he falls asleep and in this manner protects him from the destructive impulses which threaten to break through when the defenses are relaxed in the state of sleep.

ANALYSIS OF AN AGGRESSIVE CHILD, by JACQUES BERNA (33) is a description of a successful analysis of a five-and-a-half-year-old severely aggressive child by means of an accepting and identifying method of play therapy.

He was born in Africa, the only son of a Norwegian architect and a Swiss mother, a teacher. After weaning at six months he temporarily refused to eat. On a trip to Europe at the age of eight months he showed pavor nocturnus, difficulty in falling asleep, fear of the dark, and occa-

sional rejection of food. He could not play by himself, destroyed his toys and was aggressive to other children and his mother. In kindergarten at the age of five he was violently and dangerously aggressive to other children and also exhibited his genitals. On a second trip to Europe the aggressiveness was much increased. He destroyed everything he could lay his hands on. His violence toward other children was very dangerous and often connected with sexual play so that his mother finally brought him to therapy. She is described as extremely inhibited, void of any emotional expression and disinclined to mention in any way her relationship to husband and child. She had exercised a rigorous toilet training. The father described the mother as harsh, cold and unapproachable. About himself he reported many illnesses and impotence.

In the interviews the boy was brutal, very destructive to the contents of the office and dangerously aggressive to the therapist. Toward the father, however, who came for a short visit, he showed pronounced amiability. When the mother or the maternal grandfather appeared, he was as difficult as before. In spite of the boy's attacks the therapist showed himself accepting. He reassured him that he was a lovable child.

Only the grownups are bad, children are all good. The aggressions were turned into play with full participation of the therapist. Stories of robbers mutually told became an attractive entertainment. The direction was left to the child; the therapist played a role subordinate to him and the kindergarten teacher joined in this accepting attitude. The result was excellent behavior with only temporary relapses. Meeting the child in this way in his own world of magic removed the difficulties of contact. This method is similar to Aichhorn's technique with delinquents.

The boy's aggressiveness is understood as a defense against a loving relationship which he could not tolerate. His behavior was a permanent preventive war. He could identify neither with the mother nor with the father. While in the oral phase the symptoms were anorexia, pavor nocturnus and phobias, the outward-directed aggressiveness became manifest in the anal phase where he remained fixated. With the decrease of aggression, depression appeared. The aggressive attacks were a cry for help and for love, mainly addressed to the mother, but this was not understood by her. Instruction of the parents is emphasized, but they cannot be expected to show the child the same degree of permissiveness as the therapist does in the treatment sessions. The child needs authority which is not abolished in the permissive play. It assists the testing of reality. Sexual acting out is not permitted; it would increase the conflicts with the environment. As repressed sexual conflicts are symbolically expressed in the aggressions, they are also alleviated simultaneously with them.

The motivation for the anal sadistic fixation is seen in the loneliness and absence of love in early childhood. An oedipal phase was not reached. There were scarcely any signs of ambivalence characteristic of the oedipus situation because of the inhibition of possible identifications. The child's answer to the deprivations of early childhood remained hatred and revenge. Fear of the adults directed the aggressions mainly against other children as substitutes for the original enemies. The controlled acting out with the therapist relieved the loneliness and offered a helpful identification.

IN THE INITIAL PHASE OF CONCOMITANT TREATMENT OF TWINS ELINOR W. DEMAREST and MURIEL C. WINESTINE (58) discuss the effects of the separation of twins from each other. The initial phase of therapy, a period of three months, brought out two main problems: how the introduction of therapy upset the formerly established equilibrium between the twins, and how each differed in her ability to utilize treatment.

Although the problems of fraternal twins do not exactly parallel those characteristic of identical twins, a common denominator does exist—a sibling relationship in siblings who happen to be born at the same time. The material gathered at the Hampstead nurseries during World War II indicates that feelings of being identical are established even in fraternal twins. When twins live together, each is bound to be preferred by the mother at different times. The other twin may stand for other persons in the family constellation (including his own twin), in an attempt to compensate for the loss of the mother. A twin has the dual problem of individuating himself from the mother and from the other twin, usually at the same stage of development. It could be hypothesized that the twin may make one individuation without the other, or that this is a quantitative process in which one individuation will be more complete than the other.

The parents had planned a second pregnancy to provide companionship for the first sibling. Harry, three years and three months older than the twins, was born. The mother reacted to the news that she was going to bear twins with dejection, while the father responded with exaggerated humor and denial of the responsibility for rearing twins. The twins were full-term infants. In looking after them, the mother felt that she had sacrificed emotional care for the exigencies of routine. Both were bottle-fed according to a schedule established by Susan's rhythm. Ann was often awakened in order to be fed at the same time as Susan, and frequently vomited afterwards. Susan's developmental curve was in advance of Ann's by approximately two months. Bowel training, introduced simultaneously, was arduous and traumatic for both. Ann seemed more fearful

and would hide her movements whereas Susan told the mother and insisted that only the mother could change her. Ann seemed more fearful regarding dogs, new situations and social groups while Susan had more physical illnesses developing a bronchial asthmatic condition at about three years. The mother complained of her inability to gain full satisfaction from either child and during their infancy yearned to be with one at a time. A strong preference for Susan over Ann was early established. The mother felt that Susan looked more like her family than Ann although prettier the latter seemed more like an outsider. Indeed it was from outsiders that Ann gained more attention a fact used by the mother to rationalize her tendency to favor Susan.

They were dressed differently. Susan was able to gain her mother's attention and to thwart Ann's effort to be alone with her mother for any length of time. Ann had more difficulty communicating her needs to the mother who regarded her as cold and remote. The mother handed Ann readily over to her therapist but unconsciously reinforced Susan's resistance to treatment. The father preferred Harry to either twin. Since Ann often chose to be with Harry she was indirectly in contact with the father whom she seemed to look upon as a big brother a bigger Harry. Ann played more with Harry and yielded more to his domination. Susan clashed with Harry. Susan was more verbal than Ann who showed much greater manual dexterity and ability to concentrate on tasks than her sister. While Susan did not appear upset during a separation from Ann the latter became anxious when away from her twin.

The twins Susan and Ann were enrolled in the nursery at age three years seven months because of difficulties which the mother ascribed to their twinning. A dominant submissive pattern was rigidly established. Susan was dominant and controlling of the pair while Ann was submissive and compliant. In nursery school it was felt that Ann's greater manual dexterity made it possible to place her in the older group while Susan's possessive need for an adult could better be met by teachers of the younger group. Both twins tended to cling to their teachers. Ann entwined the adult's arms about herself in exactly the position she desired thus directing and mobilizing the adult toward granting her satisfaction while Susan imprisoned the adult's arms and legs so that they could not move. Susan was determined to monopolize the attention of her favored teacher much as she did the mother's attention at home. If thwarted she would attack the teacher or sullenly withdraw. Ann failed to show any preference for a single teacher but distributed her attentions. Susan was able to become occupied with another child more readily than Ann who made a peripheral adjustment to her group and passively observed other children. Ann requested many more visits with

Susan when they visited Ann was listless, while Susan directed and pushed her around

Individual therapy was recommended for Susan because of her need for sole possession of an adult, her inability to use adults in an educational setting, to join or enjoy group activities, and to use materials. In Susan there appeared to be a drive disturbance. Her first response to the therapist in the nursery was one of ordering the latter to help her, to dress her, and to get things for her. She had difficulty in differentiating her own needs from the therapist's, parts of her own body from the same parts of the therapist's body, and animate from inanimate things. She insisted that the therapist not talk, look, or listen unless allowed to by her. In this way she attempted to immobilize the therapist and impose upon her the submissive, puppetlike role of Ann. After a month and a half of therapy, a vacation ensued, during which time Ann became more assertive with Susan at home and the latter had difficulty coping with her. Upon her return Susan attacked the therapist and then clung to her, not allowing her to talk. For the next month she was torn by her ambivalent feelings toward the therapist, and became more clinging toward one teacher in the nursery. Throughout this period of treatment the outstanding feature was Susan's inability to accept or gain satisfaction from any situation which did not mirror her relationship with the mother or with Ann or which threatened to disturb the equilibrium of these relationships. Susan had experienced no deprivation from her mother and consequently could gain no satisfaction from the therapist as a mother substitute. However, Ann's growing strength deprived Susan of her puppet, creating for the latter a need which the therapist could fulfill. She now includes the therapist as a partner in a game in which she peeks spies and attempts to fool Ann.

Individual therapy was instituted for Ann because she revealed ego deficiencies which could not be helped solely through the nursery education. She experienced little feeling of self-completion without Susan. Her object relationships with adults were faulty, her activities did not appear self-motivated. Marked sadness bordering on depression also suggested a disturbance in her affective responses. This quality appeared more strikingly after therapy began. In her fantasies she demonstrated the wish to be the only baby with a boundless supply of oral gratification. During a vacation her aggression in the form of extreme possessiveness emerged toward Susan. Back at the nursery, she made a puppet whose name she confided to the therapist, was Susan and it remained in the therapy room hanging limp and inactive. It was as though she had become less of a puppet with Susan and envisaged a reversal of roles. Ann's drive toward finding a private place for herself without the pres-

ence of Susan or any other child provided her with an impetus to accept therapy. Her faulty object relationship with a mother figure made it difficult at first to cathect the therapist as an object. As with her mother she cathected things rather than people. She forced the therapist into a limited role, transferring onto the latter the remoteness of her relationship with her mother. Although Ann has achieved greater individuation from Susan, her ego deficiencies continue to be markedly apparent. They consist of deficient differentiation and integration in her functioning while Susan's drive disturbance is apparent in her lack of fusion of libidinal and aggressive drives.

LAWRENCE S. KUBIE and HYMAN A. ISRAEL (158) present the case of a five year old withdrawn, regressed, mute girl in "SAY YOU'RE SORRY". At a clinical conference with the child present, when the examiner uttered the words "Yes, I'm very sorry," contact was established with this hitherto regressed youngster. With psychotherapy the psychotic state was reversed.

The little girl was the younger of two children, her brother being twelve. The boy had consistently teased his sister, a bright youngster until a few weeks prior to her admission to the hospital. At this time the child had undergone a change in behavior. At first she had refused to answer to her name. Presently she stopped talking almost completely and practically stopped eating. She would wrap herself in a dirty blanket, rolling herself up in it with her face to the wall in the corner of the bedroom, where soon she began to wet and soil herself as she lay mute and unresponsive.

When she was presented at the conference, the examiner, following a nurse's observation that the child may have murmured "Say you're sorry" to herself, took the little girl's hand and said "I'm sorry, I am very very sorry." The youngster then turned to the other doctors present and said to them "Say you're sorry." They complied. Soon the little girl asked for the doctor's name, gave her own, and stopped being withdrawn and regressed. The history revealed that the patient was unwanted by her mother, but had a close relationship with a housekeeper. When this worker left, the youngster experienced night terrors. The episode which precipitated the acute illness that necessitated hospitalization followed upon the father's spanking the child in a sudden explosion of anger. Therapy brought out the fact that her first neurotic symptom appeared between the ages of one and two, at which time she was afraid of having anyone touch her carriage. The patient's initial reaction to therapy was excellent, but there were then activated a long series of earlier phobias about contacts and smells with related compulsive avoidance rituals. As

the patient's progress continues, she has become provocative and ritualistic. Occasionally she makes repetitive statements, to which she demands ritualized responses in precise words and even with precise intonations which she defines.

Many signs of improvement are interwoven with evidence that the process of illness persists. It is possible to observe a gradual shift in the distribution of control between conscious, preconscious, and unconscious forces. At times it is hard to decide whether there is a lessening of some of the conflict laden drives, or an increase in repression, but the general increase in flexibility makes it likely that the conflicts themselves are actually lessening. Some continuation fears are lessening, but are still manifested with her doll. When she plays with her doll she sometimes insists on wearing fresh clothes, because no other children can have touched them. Thus the process oscillates back and forth between obsessional rituals and freedom.

This clinical case demonstrates that during these early years an omni-ously disintegrative process may remain remarkably labile and reversible. It can also be dramatically demonstrated that the proper interpretation, couched in the proper words for the patient, can have an effect that is instantaneous and almost magical. In addition, this case is an almost experimental demonstration of the appearance and disappearance of a psychotic state in childhood out of a neglected pre-existing neurosis. The fact that this malignant process was caught in time so that it could be reversed was the happy outcome of a moment of exceptional clinical good fortune, for both the child and the therapist.

IN SOME CONSIDERATIONS IN THE INTRODUCTION TO THERAPY IN PUBERTY, SELMA FRAIBERG (90) stresses as the most difficult problem the need to overcome the pubertal child's resistances to treatment. The case material, involving girls in the first phase of puberty, showed that the fear of their 'secrets being discovered' and their reaction to "being made to come" constituted their initial response to treatment. It was necessary, in the initial phase of treatment, both to dispense with the basic rule and to deal with the youngsters' need to view the analyst as the omnipotent parent.

In a real sense the aims of puberty and the aims of analysis are hostile to each other. At a time when the ego must strengthen its defenses against the powerful resurgent drives, analysis must disturb the defensive structure in order to do its work. There are other contradictions in aims. Puberty is the age of secrecy. It closes its door upon the prying adult. The classical analytic technique requires the surrender of secrets. The pubertal child fears analysis for other reasons. He is aware that powerful

forces are disrupting his psychic equilibrium. He experiences alienation of parts of the psychic structure. There is an altered body image and disturbance of the sense of reality. These changes in addition to masturbatory conflicts give rise in puberty to terrible speculations regarding sanity. This adds to the fear of analysis. Thus special handling is necessary to deal with these powerful initial resistances to treatment.

A formidable resistance encountered is the negativism of puberty. This is really a primitive mode of defense. Analysis reveals a common danger which is warded off by this defense. The danger is of surrender of complete submission to the love object—not only a sexual danger, a danger of castration, but a danger of merging with the object, hence of losing the self and personal identity and of returning to an archaic oneness with the object. Anna Freud shows how in adolescence the two aspects of this process, negativism and emotional surrender, can exist side by side and are seen in the manifestations of passionate devotion to objects and alternately extreme negativism to the same object. It can be understood that under conditions of severe stress—and puberty is such a condition—the ego behaves as if it were in danger of extinction and falls back upon primitive defenses which originated in the earliest struggle to preserve and maintain the boundaries of the emerging self from the danger of the backward step of fusion with the object world. In any discussion of the therapy of puberty these defensive processes must be counted among the chief resistances.

The decisive point in adolescent development is the abandonment of the incestuous aim and the replacement of the infantile objects. While this is a gradual process, the achievement of object removal distinguishes the later phase of development from the earlier and permits speaking of two major phases of adolescence. The characteristic problems of treatment usually designated in connection with adolescence are actually characteristic of only the first phase, the period which precedes object removal and is still under the influence of the biological onslaught of puberty (Helene Deutsch). Problems involving the early resistances to treatment and the establishment of a positive transference, technical considerations in interpretation, depth of analysis, permitted dangers of acting out, actually faded in importance when applied to the second phase, which can sometimes be spoken of as later adolescence. This study is limited to those girls who belonged to the earlier phase of development, the period which precedes object removal, corresponding approximately to the age of biological puberty.

In a series of short clinical vignettes, the author points out that the fear of their secrets being discovered and the reaction to being made to come constituted the earliest resistances to treatment. The fear of

"others knowing," especially the deep fear that something was wrong, was very pronounced in Patty, who was eleven. A deeply unhappy child, her reaction to the idea of treatment was forthrightly hostile. "I don't need to go see anybody. There's nothing wrong with me." Later in treatment it was learned that she believed she could become pregnant through her masturbation. Her resistance to treatment was based on the fear that her secret would be discovered. The "being made to come" at times satisfied certain masochistic tendencies, which are so open and exposed in the early stages of puberty. It would have the significance of "being forced into intimacy with a woman," an idea which is both compelling and alarming to the pubertal girl during the period of her struggle to free herself from the incestuous tie to mother.

If the therapy is to appeal to the pubertal child, the introduction to treatment must be managed in such a way that the threatened ego is given some measure of control in this new and strange situation—assurance that it will be an active, not a passive partner in this treatment. Thus not only may it be necessary to dispense with the analytic rule, it may be advisable to reverse it, as Aichhorn did with his delinquents, "You don't need to tell me anything you don't wish to," to which one can safely add, "though when you know me better you may want to tell me things so that I can help you better." In work with some girls of this age, at the beginning of treatment, almost any interpretation, no matter how little or how superficial, constitutes a threat to the patient. Behind the transference fantasy of the sinister psychiatrist, is the image of the omnipotent parent, all-seeing, all-knowing. The author finds, therefore, that in the early stages of treatment she can best win the confidence of the pubertal girl by negating the transference image of the omnipotent psychologist by being quite simple, human, open, unmysterious, and not too clever.

The therapist has noted that through giving more attention to the manner in which the child is introduced to treatment by his parents, the work in initiating treatment has been lightened. The parents should be counseled in the almost step-by-step process of introducing the suggestion of treatment.

Understanding the nature of the pubertal conflict provides the therapist with the means for dealing with the early resistance. What the child in puberty fears is loss of control, surrender to the demands of the drives. What he fears in therapy is the further disturbance of his precarious equilibrium. What he longs for most is the restoration of harmony. If treatment is to have meaning for him, if a concrete goal can be held out for him, it is necessary to help him see therapy as a means

of re-establishing his equilibrium, of helping him become master of himself.

The author feels that in many ways the introduction to treatment and the early hours of therapy are crucial. If the initial resistances can be overcome and a therapeutic attitude established, many factors in the pubertal situation may work for the therapist. Of course there are many factors in puberty which do not work for the therapist, e.g., the rigidity of defense, the fear of the homosexual transference, the acting out etc. But the morbid aspects of the clinical picture in puberty are counterbalanced by the tremendous forward thrust of the drives. It is also a time of hope and of promise, and while the clinical picture in puberty can at times be alarming and can resemble in every aspect certain marked disturbances of later life, the impetus toward growth and fulfillment—toward the future—can work toward a favorable outcome.

In *ON THE SUPEREGO IN ADOLESCENCE*, RUDOLPH WITENBERG (292) states that the ego-superego alienation in adolescence, brought about by increase of infantile demands, forces a partial regression of the ego, and with it comes heavy reliance on identification as a mode of relating to objects. A basic goal of therapy is to focus on ego strengthening and reality testing rather than actual resolution of infantile conflicts.

With still inconclusive research on the pregenital roots of the superego, we continue to consider it the heir of the oedipal phase and are then justified in regarding the ego in adolescence as relatively unprotected from increased instinctual demands. Regression to identification as the original mode of relating to objects and with it increase of pathological narcissism requires some adaptations in the handling of transference. Insufficient analysis of countertransference may lead the therapist to pry into the adolescent's omnipotent fantasies, weakening his reality testing. This is often done by emphasizing the young patient's potential. The other danger is to support the alienated superego with an increase of guilt and consequent increased rigidity in later ego adaptation.

Because of the peculiar "narcissistic" transference, more activity on the part of the analyst is required in the opening phase. Since some patients do not transfer but make past coincide with present and turn the analyst into the parent, the therapist will have to play the role of the better parent, as he does in the therapy of some schizophrenic patients. Interpretations need to be timed to avoid further narcissistic injury in the face of a brittle, labile ego balance.

When the superego has been poorly established, acting out is to be expected in adolescence. In addition to the usual defense mechanisms,

we may have partially or fully conscious distortions and pathological lying to protect the acting out, ego syntonic behavior. If the setting of limits is done in a nonpunitive way, it may help to cathect ego boundaries. Identification is then used to achieve temporary gains, which make it possible to acquire time for working through, until the patient has experienced the very different satisfactions from the secondary process. This method is illustrated with a case history.

RUDOLF EKSTEIN (75) attempts to clarify the economic and dynamic role of the internal image of the parental figures in *VICISSITUDES OF THE INTERNAL IMAGE*¹ IN THE RECOVERY OF A BORDERLINE SCHIZOPHRENIC ADOLESCENT. Special transference problems may arise if stabilization of the internal image, upon which the capacity for object cathexis depends, is threatened by autistic or symbiotic dissolution. The dynamic effect of the spontaneous grafting of an internalized image of the analyst onto that of the parents is described. The result was a more mature pattern of defensive and integrative ego organization.

This paper describes the treatment of a thirteen year-old girl who used religious metaphor as a means of communication and as a protective distance device against developing transference. Drawn irresistibly toward the transference object, she nevertheless felt that she would be destroyed unless she avoided the therapist. Able to tolerate only a distant love object, her self control, self esteem, and even her very identity were threatened by a closer approach. The transference threat was defended against by a regression to an archaic ego organization in which the experience of identity was disrupted and exchanged for a partly symbiotic experience. Thus the capacity for self experience and object experience was wiped out.

The patient was able to cooperate in therapy initially only by regarding her therapist as an unhuman psychiatric mechanical brain (suggestive of a transitional object). This relationship with the therapist could be sustained only if there was grafted onto it the 'perfect' relationship with Christ, who represented a more distant embodiment of the internal parental image. Then, struggling to reach Christ, she was thrown into panic and lost contact with her therapist because her wish to be like Christ turned into the uncontrollable thought of being Him. Normal capacity for identification had given way to primitive, introjective, devouring mechanisms.

Anger at the therapist once led to loss of Christ's image, and she despaired of recapturing the image in spite of repeated assurances of help. Ekstein gave her a Christmas card which presented a picture puzzle in which the hidden image of Christ could be found. Thus he helped her

back into the therapeutic situation by magic gestures which represented projections of her own rudiments of postsymbiotic omnipotence. In this fashion he sought to strengthen the weak internal representation of the parental image through fusion with the newly added internal image of the therapist. The patient responded favorably by developing a more stable neurotic rather than psychotic transference and improvement in her adjustment.

In such patients Ekstein has found a characteristic impairment of early introjects which were insufficiently consolidated and of an autistic or symbiotic nature. When these are projected onto the therapist what may be described as a transference psychosis results and the therapist is perceived as a lifeless machinelike transitory love object. The author assumes that this condition may be the result of an impairment of introjective capacity or that the parental figures themselves were poor objects of introjection and identification because of their own vacuity, instability and unreliability. In the latter case the constancy and stability of the therapist, his firm anchorage in reality and his reaching out may call forth responses even from a relatively unpaired ego.

IN TRANSFERENCE PROBLEMS IN THE TREATMENT OF ANOREXIA NERVOSA DURING PUBERTY. BERTHEL SOMMER (263) describes the analytic treatment of eight girls from sixteen to twenty-one. These cases were considered borderline. The initial difficulty in treatment—the development of a workable transference—is counteracted by the cultivation of a realistic anaclitic relationship.

The author describes in detail the behavior of an adolescent patient during the first phase: the patient showed a catatonic posture and frequent outbursts of aggression such as spitting. Gradually she talked about overeating followed by compulsive vomiting. In the thirty-fifth hour she brought out the first positive feeling toward the therapist who gave her orange juice at every session. Her symptomatic improvement kept pace with the development of the positive transference. Finally after sixty hours there appeared an interest in the reality of her surroundings.

The author states that in a case treated by a male therapist the hostile tie to the mother also plays the key role. The object relationship in these patients is characterized by magic incorporation of the object resulting in identification through introjection and projection. The conflict is carried out in the somatic sphere. There is a real contest between life and death. The alternatives are voracious ingestion or vomiting and starvation. There is a disturbance in the primary identification with the mother. The sexual interest of the patients is deceptive since they are really fixated at an oral level. Thus the conflict with the mother is

carried out on the level of orality. The refusal to ingest and digest food is a rebellion against the mother and against the oral wishes directed to her, such as kissing and breast feeding. These wishes are dealt with by a primary isolation rather than by repression and displacement. The role of the superego is also discussed. The struggle against eating is also a struggle of good against evil, feminine versus masculine. At the same time, masculinity is deeply envied.

In order to avoid a disastrous outcome one must meet these patients on their own level. One must represent the giving mother—hence the importance of the sweet drink. Real improvement begins only when the patient feels secure enough in the relationship to express negative feelings toward the therapist. In the final phases the therapist represents the authority of the father and helps the patient to internalize a superego which is not overpowering and frightening.

CONCLUSION

While the number of contributions to the study of early development is fewer than in previous years, this by no means points to a diminution of interest in this subject. A Panel on Problems of Early Infancy and the paper by Spitz on the primal cavity are evidence of increasing refinement in theoretical considerations concerning the earliest phases, while Mahler and Gosliner's contribution on symbiosis is destined for much future discussion. Schur's ideas on the metapsychology of somatization is also a noteworthy contribution to an understanding of the transition from early physiological states to those characterized by the dominance of thought processes. Mittelman's study on motor patterns represents the continuing trend toward longitudinal observations. In the field of therapy, Nacht and Lebovici present a comprehensive survey of the indications and contraindications for psychoanalysis in children. One may comment also on the appearance in the literature of the first study of simultaneous analysis of mother and child, conducted by different therapists, and coordinated after the analyses had been completed. This type of study opens new areas of exploring technical problems in child analysis.

Chapter VII

PSYCHOANALYTIC THERAPY

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It seems advisable to repeat the introductory statement in last year's chapter to the effect that summaries of papers on psychoanalytically oriented psychotherapy which had appeared in a separate chapter on psychoanalytic psychiatry in the first four volumes of the *Annual Survey* will henceforth be included in this chapter. The first main section in the classification Psychoanalytic Technique is reserved for summaries of papers on the technique of psychoanalysis proper. With regard to summaries in the second main category Psychoanalytically Oriented Psychotherapy it should be understood that for the sake of inclusiveness this term is used quite loosely.

The classification is as follows:

- I Psychoanalytic Technique
 - A General Concepts and Theory of Therapy
 - B Transference and Countertransference
 - C Specific Problems
- II Psychoanalytically Oriented Psychotherapy

I PSYCHOANALYTIC TECHNIQUE

A General Concepts and Theory of Therapy

This section may be subdivided into three groups. The first consists of a paper on indications and contraindications for psychoanalysis, a panel on the validation of psychoanalytic techniques, and a paper on the aims of psychoanalytic therapy. The second group contains contributions to theories of therapy with reference to specific factors such as anxiety and unpleasurable affect in general, hypnoid state and libidinal regression, the relationships of sleeping and dreaming to the analytic situation, a special dichotomization of types of object relationships, and the

use of the psi hypothesis in analysis. The last category contains two papers: one on the evaluation of psychoanalysis as a therapeutic procedure and a follow up study on the results of psychoanalytic therapy.

S. NACHT and S. LEBOVICI (198) present a comprehensive paper on INDICATIONS AND CONTRAINDICATIONS FOR PSYCHOANALYSIS of adults and children. In the introduction, limitations inherent in the psychoanalytic method which interfere with treatment recommendations and prognosis are described. The authors state that the etiology and course of neurosis depend upon the strength of the instinctual drives and that of the ego, neither of which can be measured quantitatively. A nosologically based appraisal is no longer adequate. The presence of a neurosis is not necessarily an indication for psychoanalysis; there must be factors over and above the diagnosis which offer hope of cure. In approaching the question of indications, it is important, therefore, to specify clearly what is meant by psychoanalytic treatment. The authors limit themselves to that treatment in which transference is analyzed and resistance reduced by free association.

Indications and Contraindications in Terms of the Various Clinical Syndromes—Psychoanalysis is most of all indicated in those anxiety states where the anxiety is in the subacute stage and has not yet been structuralized into phobic or obsessional symptoms. Where anxiety is too acute, treatment may have to be deferred. Conversion states are not always ideally suitable, (1) because they are often accessible to shorter psychotherapeutic methods and (2) because somatic conversion may indicate too great a plasticity of the ego and a consequent impermanence of results. Treatment of the phobic states is often favorable, but if the cure is to last, analysis must be pursued to the point at which a real strengthening of the ego has occurred. In practice, the obsessional neuroses constitute the most frequent indication for psychoanalytic treatment. However, the presence of obsessions may be associated with a deep-seated instability or with a schizophrenic or depressive psychosis. When the patient is over thirty-five and when the obsessional neurosis has led to a serious restriction of his life activities, results of treatment are unsatisfactory. The outlook is favorable when free anxiety and phobias are present. Simple depressive states are regarded as accessible to analysis, but prolonged treatment is to be expected. In character neuroses the authors do not advise psychoanalytic treatment in the absence of actual suffering. When there are problems of an oedipal nature, with readily mobilizable guilt, analysis may be indicated. In some hysterical characters, a constitutional instability imposes a guarded prognosis. Certain character disorders may

conceal an incipient psychosis. Sometimes the (faulty) motivation for treatment may be primarily from the environment.

A patient may seek analysis because of a single problem which is presented as minor in character, e.g., indecision over marriage concealing a marked neurotic structure. In some of these cases analysis may be indicated, e.g., when there is a marked ambivalence, an extreme passivity or a profound mother or father attachment. In all these cases the patient's life situation must be carefully weighed. If there is a serious marital problem while the possibility of a separation seems highly remote, analysis is contraindicated.

Very frequently, analytic treatment is sought because of a sexual problem. Problems of impotence are usually associated with a neurotic character structure, but a complete impotence may be temporary while premature ejaculation may be a manifestation of a more profound and long standing obsessional disturbance. Frigidity is usually a manifestation of a character disorder and the indications for treatment are the same as for the character disorder. Total frigidity, where no orgasm occurs through masturbation, is more favorable for treatment than partial frigidity.

The psychoanalytic treatment of perversions is difficult because of the patient's tendency to use the perversion as a resistance. However, Nacht reports good results with some male homosexuals. Female homosexuals rarely seek analytic treatment, and then usually under pressure of the environment. In such cases, analysis is contraindicated.

The results of psychoanalytic treatment of the psychoses are difficult to appraise because of the difference in existing nosological concepts of schizophrenia. The writers accept the reports by various authors, however, that psychoanalysis can be effectively applied to certain schizophrenic and borderline states. They recommend the use of the classical technique. They point to the suicidal risk in depression and the obvious problem of attempting psychoanalysis in a case of mania. Nevertheless, one of them, Lebovici, has reported good results in three authentic cases of manic-depressive psychosis. Psychoanalytic treatment is contraindicated in paranoid states and in severe hypochondriasis.

of self punishment in which moral masochism plays an important role

Indications and Contraindications in Terms of the Personality Functioning of the Patient—A careful study of the ego structure of the patient must precede the recommendation for analysis. The traditional view as to the suitability of the hysteric may be misleading. The mobilization of anxiety may be more difficult in the more rigid personality of the obsessional yet the results may be more permanent. In general the authors' view is that analysis is only indicated between adolescence and the age of forty but when there is much manifest anxiety, results may be favorable in older people. Contraindications exist when secondary gain is prominent or when marked emotional disturbance is concealed by considerable success in life adjustment.

The authors quote Anna Freud as distinguishing two types of ego structure in neurosis: (1) that in which the anxiety is related to the fear of the superego in which case the ego is strong and oedipal guilt is in the foreground and (2) that in which the anxiety is of instinctual origin and the ego is weak. Analysis is indicated in the first instance but is not likely to succeed in the second. Nunberg appraised ego strength in terms of narcissism and the ability to tolerate unpleasure, but these criteria are difficult to measure because such forces either strengthen or weaken the ego. Nacht defines a strong ego as one which is not afraid of drives originating from the unconscious but permits their appearance in awareness and endeavors to utilize them in the process of adaptation to reality. He is concerned with the extent to which the ego can tolerate frustrations and endure anxiety. It is somewhat easier to be precise about ego weaknesses which militate against analysis than to measure ego strength. One evidence of ego weakness would be a turning away from analysis because of the threat of the transference where a fear of abandonment prevents an affective investment. The presence of marked intellectual defenses of primary masochism with strong preoedipal fantasies and of a pronounced homosexual structure are further handicaps. Cases in which there is much acting out with a long history of psychopathic behavior do not respond to analysis but in instances where the compulsive neurotic element is prominent as in compulsive stealing or voyeurism favorable results may occur. The authors advise against analyzing a friend or relative but do not consider the sex of the analyst as of primary importance.

Indications and Contraindications for Analysis in Children—It is difficult to define child analysis since short term psychotherapy and play therapy are often not clearly differentiated from analysis. With young children a pure transference neurosis cannot be obtained since the treatment can never be fully separated from the educational aspect. Again the problem of evaluating the existence of neurosis in children

is complicated by the fact that they are experiencing constant changes in the process of growth which we do not yet fully understand. The authors doubt that psychoses in children can be cured by analysis unless it is undertaken in the very earliest stages. In the prepsychotic stage, analysis of the child should be accompanied by psychotherapy of the important figures in the environment.

The authors take up the indications for child analysis under the detailed headings (1) before puberty, (2) in adolescence, (3) analysis of the parents of the disturbed child. It must be remembered that the prepuberty child does not suffer from his neurosis like the adult but that his symptoms disturb the parent. There is a wide difference in the tolerance exercised by different families, again, certain symptoms may be very serious and yet not disturb the family. Anna Freud is quoted as saying that the indications for psychoanalysis in children are very limited that it should not be undertaken prior to the development of the oedipus complex, and that it should be limited to the most severe neuroses of childhood. She prefers a technique which is close to the regular method with adults, with interpretations of the mechanisms of defense as against interpretations of the transference or the symbolic interpretations of play therapy. In actual practice, however, Anna Freud states that child analysis is decided upon because of incidental factors rather than strict indications. Symptoms may diminish as libidinal development proceeds or they may emerge in the phallic phase or with the onset of puberty. Feeding difficulties sometimes disappear in latency as a result of real ego growth rather than the temporary disappearance of symptoms and a displacement of the anxiety, as would be the case in a similar manifestation in an adult. Passivity in an adolescent may be greatly reduced by the vigorous sexual development of puberty. Because of these considerations Anna Freud recommends analysis only when the chance for spontaneous cure is slight. She opposes analysis which is undertaken to reduce the intensity of pathological fixations.

The views of Melanie Klein are radically different from those of Anna Freud. Klein believes that the child can develop a real transference neurosis because the ego and superego are formed in the first months of life while the image of the mother, split into good and bad object, is the focus of the child's ambivalent drives in an oral movement of incorporation and rejection. In Klein's view all the child's early anxieties appear in the analysis. The games of the child are an expression of masturbation fantasies which can be interpreted in the transference without the need for establishing first a positive atmosphere, as recommended by Anna Freud. Consequently, Klein considers her method purely analytic.

Lebovici agrees with Anna Freud regarding the indications for analysis with children. He believes that it should be carried out only when there is evidence of real neurosis as distinct from conduct disorders or isolated symptoms. When the child reacts to external situations, e.g., divorce of the parents, etc., with symptoms resembling those of adult neurosis, the analyst should ascertain whether or not there are internalized conflicts to which the term neurosis could be applied. Additional diagnostic criteria are (1) a marked tendency to flight into fantasy, (2) the existence of fantasies of a primitive character, (3) repression of special intensity, (4) prominence of denial and projection.

The basic concept of neurosis in childhood is, however, debatable because of the difficulty in separating internalized conflicts from reactive disturbances. When the reactive element in the picture predominates and the parents request analysis, this should not be carried out since it could indeed lead to a real neurosis later on. In a few cases, 'when the libidinal development of the child is disrupted, when the child's identifications are founded upon the partial character of pregenital life, when the defenses are rigid and anachronistic, and when clinical psychological examinations have shown evidence of weakness of the ego in contrast to the unrealized potentialities of the personality, analysis can be undertaken.' Evidences of real neurosis are not readily seen before the latency period and one must be extremely cautious in applying the term to a disturbance in a younger child.

Other indications for psychoanalytic treatment in children under five (but old enough so that language can be therapeutically employed) are prepsychotic manifestations such as mutism, negativism resembling catatonia, hypomania, marked disharmony in psychomotor, language and libidinal development, and autism. The same indication applies to children who have reached latency and are showing prepsychotic or psychotic manifestations. Certain long standing obsessional states in early childhood should be considered prepsychotic states for which psychoanalysis is indicated.

Analysis is rarely indicated with adolescents in whom the ego is undergoing a change which confuses the picture. Neuroses in adolescents resemble those in adults with a predilection for the obsessional neuroses. Sometimes the appearance of obsessional symptoms may presage the onset of schizophrenia. In these cases, psychoanalysis is not indicated because the patient cannot tolerate the anxiety necessary for the cure.

The presence of a neurosis in a child as a reaction to the parent's difficulties is not an indication for the analysis of the parent. In some instances however, a neurosis in a parent has been revealed in group psychotherapy or in the preliminary examination of the child so that

the parent has clearly recognized the need for treatment. Essentially indications for the analytic treatment of the parent of a neurotic child must be weighed in the same manner as those for any other adult patient.

The authors believe that the psychosomatic disorders of children afford an especially promising field for psychoanalytic treatment. Success has attended its application in feeding disorders, skin disorders, anorexia and obesity. In cases of anorexia in young girls associated with obsessional neurosis or with early schizophrenia the authors have also found psychoanalysis of value. They have reservations regarding psychoanalysis of delinquent children while admiring the work of Aichhorn and the influence it has had on the treatment of juvenile delinquency they feel that the presence of a group of therapists interferes with the optimum development of the transference. A further danger exists that the analyst will be identified with the punitive authorities.

Summary—(1) The indications for child analysis are not more precise than for adults. (2) A thorough biographical study of the child must precede the recommendation. (3) Minor symptoms may be the accompaniment of normal growth and many conduct disturbances tend toward spontaneous recovery. (4) Psychoanalysis may be used prophylactically if it is believed that a prepsychotic state exists. (5) Analysis is indicated in the psychosomatic disorders of children. (6) Psychoanalysis of children is always to be accompanied by some work with the parent occasionally by analysis of a parent. (7) Child analysis is still in the experimental stage and the results are especially difficult to measure since no valid statistical survey has yet been made. Evidences of improvement are also difficult to define in the case of the child because the emotional investment of the family critically influences its reports. (8) Despite these limitations the seriousness of neurosis and psychosis in adolescent and adult justifies the prophylactic use of analysis in children provided the utmost care is exercised in the selection of cases.

A PANEL ON VALIDATION OF PSYCHOANALYTIC TECHNIQUES (216) was conducted at the Midwinter Meeting of the American Psychoanalytic Association. Discussions centered about the relationship between interpretation and the responses of the patient, the multiple and variable effects of interpretation, the operational field during interpretation, the question of accepting certain basic assumptions of psychoanalysis before validation of interpretation can be attempted, the assessment of the validity of interpretation in terms of therapeutic results, etc. Several papers described a project for testing psychoanalytic interpretations with

reference to Franz Alexander's specificity theory for psychosomatic conditions. A complete summary of this Panel appears in Chapter II.

The achievement by the patient of a durable state of happiness, in so far as reality permits, is a simplified statement of goal to which both patient and physician can subscribe, according to NATTAN ROTH (239) in *THE AIM OF PSYCHOANALYTIC THERAPY*. It can be accomplished by bringing the infantile superego into consciousness, altering and abolishing some parts of it, and liberating energies which then become available to the ego for other purposes conducive to a state of happiness.

Happiness depends on the degree of freedom with which a person can pursue, without oppressive and self-imposed restrictions, instinctual gratification in the exercise of his individual talents and capabilities. In treatment the patient must be shown that his unhappiness is brought about by those factors which restrict such freedom, along with prohibited instinctual impulses which are condemned by the nondiscriminating childhood superego. The turning of instinctual energies against the ego, holding its useful activities in check, is seen as the inevitable accompaniment of the laying down of the infantile superego.

When discharge of a particular type of instinctual impulse in a specific form of activity is forbidden, the impulse must be dealt with in a safer way. Attention is directed to the nature and quality of the instinctual impulse, which, hitherto pleasurable, has become a source of danger. The route for somatic discharge of the impulse requires special attention since it carries the greatest threat. Mental representation of the instinctual impulse undergoes repression, along with abandonment of the forbidden somatic activity. Incorporation of the prohibition, to form a part of the superego, is conceived of by the child as taking place through the same somatic channel: oral, respiratory, epidermal, and the like. The author presents a patient who demonstrated such incorporation of superego prohibition through a particular somatic route, the muscular. Incorporation of superego prohibitions through the respiratory route is more frequent than generally recognized because of the odors prevalent during toilet training which are closely associated with disciplinary measures.

Through analytic treatment, to a greater degree than spontaneously, the critical function formerly exercised by the infantile superego can be taken over by the ego itself, forming a new inhibiting agency, the adult superego.

A paper by ABRAM BLAU (35), on *A UNITARY HYPOTHESIS OF EMOTION, I. ANXIETY, EMOTIONS OF DISPLEASURE AND AFFECTIVE DISORDERS*, contains a discussion of the therapeutic implications of his view that anxiety is

the primary emotion of displeasure and the basic source of other emotions of displeasure. He distinguishes between emotional and psychogenic disorders which frequently coexist and have a reciprocal effect on each other. Psychoanalytic practice consists on the one hand of analyzing the basic character neurosis in order to strengthen the ego to handle stresses and on the other of exploring the irrational factors disturbing the individual suffering from a particular disordered emotion. A complete summary of this paper appears in Chapter III.

HANS W. LOEWALD (178) reviews the concepts of HYPNOID STATE, REPRESSSION, ABREACTION AND RECOLLECTION. Although ostensibly given up by Freud in favor of his defense theory, the concepts of hypnoid states and abreaction underlie those of the repetition compulsion and therapeutic working through. A complete summary of this paper appears in Chapter III.

D. W. WINNICOTT (289) discusses METAPSYCHOLOGICAL AND CLINICAL ASPECTS OF REGRESSION WITHIN THE PSYCHOANALYTIC SET UP as he has observed it over a six and a half year period in a particular case. He views regression as a lying mechanism occurring in certain patients who because of an early environmental failure have developed a false self built on an early defensive compliance basis. The regression permits an unfreezing of the environmental setting and paves the way for the development of the true self.

Cases may be classified in three groups: (1) those who operate as whole persons whose difficulties are in interpersonal relationships; (2) those who have achieved wholeness with difficulty and in whom ambivalence and dependence provide the material to be analyzed (the depressive position dealing with the mother-child relationship especially weaning); (3) those whose analysis must deal with the stages before and up to the establishment of personality as an entity. In these cases management (holding the infant) is required before ordinary analytic work is possible.

Health implies progressive evolution of the psyche. Regression is not a simple reversal of progression nor simple infantile behavior but is predicated on an organization within the individual which makes this possible. This organization is based on a failure of adaptation on the part of the environment which produces the development of a false self and on a belief in the possibility of correction of the original failure with consequent belated progressive development of the true self. There are two types of regression with regard to instinct development. In one there is a return to an early failure situation in which the patient develops

personal defenses requiring analysis. In the other there is a return to an early success situation in which the patient presents more obviously a memory of the dependence, therefore we encounter an environmental situation rather than a personal defense organization.

The familiar feature of the psychoanalytic setting invites regression, which is assisted by the reliability, constancy, and incorruptibility of the analyst. The patient and the setting merge into the original successful situation of primary narcissism, from which progress starts anew, with the true self able to meet environmental failure situations without organization of the defenses that involve a false self protecting the true self.

Acting out provides the opportunity for revelations which are implemented by (1) a statement of what happened, (2) a statement of what was needed of the analyst. Then from this can be deduced (3) what went wrong in the original environmental failure situation. There follows (4) anger felt perhaps for the first time (which must be tolerated by the analyst). In favorable cases there ensues at last a new sense of self in the patient and a sense of the progress that means true growth.

Application of the ideas presented will lead to a more accurate and profitable use of phenomena arising from the psychoanalytic setting in the ordinary analysis of nonpsychotics and a new approach to the understanding of psychosis and its treatment by psychoanalysis.

IN *REGRESSION AND WITHDRAWAL*, D. W. WINNICOTT (290) describes his experiences in the management of regression in analysis, with particular reference to the use of interpretation to avoid withdrawal and to encourage regression which can be utilized in the treatment.

Illustrative clinical material is drawn from the analysis of a young schizophrenic man. After a long period of immobility and stereotyped associations, this patient showed his first spontaneous behavior in the analysis when he changed his position on the couch and lay for a short time on his side "like a hunting dog." A few weeks later the patient sought the analyst's opinion on a matter connected with the patient's work. The analyst interpreted this as an attempt to use him as a father. The patient then stated that he felt himself withdrawing, as though running away from something. The analyst replied that the patient's experience indicated that he was caught in a state between sleeping and waking or between the alternatives of rational conversation and withdrawal. The patient then reported that he had a feeling of being rolled up in a ball and of his body being displaced forwards, in front of himself. He said, however, that his body was able to turn around.

The author then offered what he considered a crucial interpretation

He interpreted the fact that the patient was able to turn around as indicating an awareness of an environment (which the patient had hitherto denied). The effect of this interpretation was to intercept a beginning withdrawal and make possible the first realistic discussion of the analytic situation in which a mutual understanding was reached between patient and analyst of the conditions of the analysis and of the limits which the analyst must impose in adapting himself to the needs of the patient. From this point the patient began a real attack upon his problems both at work and at home. He also expressed for the first time sympathetic feelings toward his mother and then critical feelings toward the analyst.

A second opportunity for a key interpretation occurred later in the analysis when the patient was experiencing anxiety over homosexual feelings in the transference. When the analyst offered an interpretation the patient interrupted to say that he felt as though he were a long way off that his thoughts had wandered. The analyst then said to the patient that he had jumped out of his lap—that the couch which he had left in fantasy was the environment of the analyst's person with which he was in contact and to which he could return.

Another turning point in the analysis followed the patient's return to treatment after the long summer vacation. He resumed his complaint that he lacked spontaneity and said that if he spoke to others he felt that he was usurping the function of one of his parents while still needing to have them treat him as a small child. The following night he dreamed that he was going to spend the week end abroad leaving Saturday and returning Monday. He knew that a colleague was to visit the same country later. In this country the patient was to meet another patient, an amputee who had been discharged from a hospital and was undergoing further treatment. The author interpreted the dream as revealing two aspects of the patient's relationship to the analyst. The patient had wished to get away from the analyst while still knowing that he would return to him. Again although leaving for a foreign country he had maintained his relationship with the patient showing his desire to abolish the dissociation between the two parts of himself. Going away was associated in the patient's mind with expressing an original thought or acting spontaneously. On the day of the dream he had been seized by a new fear that of discovering that he had impulsively embraced someone who happened to be close by him—perhaps a man.

The author describes other occasions in this analysis and others in which timely interpretation of transference phenomena forestalled withdrawal and brought about a regression. He states that the use of this maneuver is not limited to the analyses of schizophrenic patients. In

Winnicott's opinion, the regression itself is not dangerous, the danger lies in the analyst's inability to face it with its accompanying feelings of deep dependency. Further, regression makes possible the correction of a maladaptation derived from infantile experiences, while withdrawal cannot be utilized constructively in the analysis.

Numerous analogies between the analytic situation and states of sleep and dreaming are pointed out by BERTRAM D. LEWIN (171) in *DREAM PSYCHOLOGY AND THE ANALYTIC SITUATION*. It may be necessary to analyze the unconscious significance of the couch as a place to sleep; the analyst as a transference figure may be equated with day residues, his lulling effect with that of the preoedipal mother in her sleep-producing activities, his interpreting function with the arousers of sleep, etc. For a complete summary of this paper, the reader is referred to pp. 588ff.

MICHAEL BALINT (11) makes a distinction between two broad types of object relationship in *FRIENDLY EXPANSES—HORRID EMPTY SPACES*. In his magical regressive attempt to regain the state of primary love, the 'ocnophile' clings to objects in "horrid empty space," while the "philobat" avoids dangerous objects in a world of friendly expanses. The analyst can sharpen his technique by understanding how he and the couch may serve as objects for philobatic avoidance or ocnophilic clinging. Insistence on conducting the analysis solely on the later verbal level will prevent the therapeutically favorable appearance of states of tranquil regression. A complete summary of this paper appears in Chapter IV.

JULE EISENBUD (70) believes that the psi hypothesis should be employed in psychoanalysis. In *ON THE USE OF THE PSI HYPOTHESIS IN PSYCHOANALYSIS*, he expresses the view that greater understanding and therapeutic gain result from its use. The psi hypothesis states that a person can obtain information through other than normal sensory channels about past, present, or future events. Outside the laboratory, demonstrations of psi phenomena encounter tremendous resistance. It should not be necessary, and is not possible, to have laboratory controls to exclude all conceivable counterhypotheses in clinical practice. Where other conventional explanations have been reasonably sought and not found, and where the psi hypothesis offers a gain from the psychoanalytic point of view, it should be considered.

A fifty-five-year-old man, nearing the end of his analysis, had a premonition that in the park he would see a rare bird, the worm-eating warbler. The predicted event was extraordinary. For reasons well known to the patient, an expert bird watcher, it was almost a certainty that the

bird could not be seen and never had been seen under the prevailing circumstances. Nonetheless, he went to the park and spotted the bird, the observation being verified by other observers. He felt exhilarated.

The patient had a mirasmic infancy; he had gone through life clinging to the fantasy that a breast would magically present itself to him. Among his symptoms were alcohol and barbiturate addiction. One year earlier, following the patient's first painful realization that he could not cling to fantasies of magic control of the breast, there had been a somewhat similar, highly unusual appearance of a bird which also had been foretold in a premonition. The event was understood as an attempt to deny the loss of the mother and breast symbolized by the bird. The miraculous perception meant partial restoration of magic control of mother and breast. Recalling this when no normal explanation of the current premonition could be found, the analyst asked what had happened that required the patient to revert to fantasied control of the mother. He was rewarded to discover that the patient's wife was away and that on the day preceding the premonition two mother figures suddenly disappointed him. He then employed his psi faculty to create the illusion that he could control mother. How the information about the bird's appearance was conveyed to him is not known. Nor can the extraordinary appearance of the bird be explained. However, using the psi hypothesis, the meaning of the events becomes clear. Without the psi hypothesis, the meaning is lost, for it is the deterministic relationship between premonition and fulfillment that is the key.

According to LEO BERMAN (32), it is apparent from the work of the Committee of the American Psychoanalytic Association on Evaluation of Psychoanalytic Therapy that a precise description and definition of the therapeutic process is needed before there can be any evaluation of the results of psychoanalysis. In his paper *SOME PROBLEMS IN THE EVALUATION OF PSYCHOANALYSIS AS A THERAPEUTIC PROCEDURE*, Berman discusses some aspects of the analyst, the analysand, and the analytic situation as they relate to the problems of evaluation of the process.

In order to improve his effectiveness as a research scientist, the analyst must differentiate between errors and complications resulting from unresolved conflicts in himself and those resulting from insufficient development of the ego functions, particularly those used in research. Additional personal analysis, self-analysis, and especially the training of research psychologists in psychoanalytic practice are recommended as a way of maintaining the analyst's role as a pioneer as distinguished from his becoming a technician.

While there are many other issues that can be studied from the

standpoint of the analysand, the suggestion is made that the long-range effects of treatment be studied, using members of analytic societies as ex-analysands.

From the standpoint of the analytic situation, Berman feels that one-way screen examination is necessary even though there are many valid objections to be raised to this.

LASTING EFFECTS OF PSYCHOANALYTIC TREATMENT is a follow-up study of a Norwegian lay analyst, HARALD SCHJELDERUP (246) of twenty-eight cases treated eight to twenty-four years previously for psychoneurosis. In nine cases the re-examination showed a lasting symptomatic cure, and in thirteen others a substantial improvement. In twenty-five cases there were lasting personality changes in interpersonal relationships; in twenty-two there were lasting changes in capacity for work and enjoyment of work. Changes in capacity for sexual enjoyment and in perception of reality were also very common.

This patient population was treated between 1926 and 1943. While forty-one cases had been treated by the author, only twenty-eight were available for this study. Twelve were women, sixteen men, almost all of the middle class; all of them had been treated unsuccessfully by other means of treatment and had been considered chronically ill. The average length of treatment was two years and three months, at four hours per week.

The method of investigation was a questionnaire supplemented by personal interviews and information from others. The questionnaire was divided into two parts. The first dealt with questions about the pre-analytic condition; the second about the postanalytic changes. The personal interview consisted of a review of the questionnaire and additional information about changes in the external life situation. Outside observers, members of the patients' family, and psychiatrists and physicians were used. This was to clarify differences between temporary changes occurring during analysis, transitional changes immediately following analysis, and lasting ones. Estimates of the latter showed marked agreement between the opinions of the analyst and of the outsiders.

Results.—Symptomatic Changes: nine cases—symptomatic cure; thirteen—analysis represented turning point, decided improvement since then; three cases—difficult to evaluate; three cases—no improvement.

Patients' Evaluation of Lasting Personality Changes.—(1) Interpersonal Relationships: twenty-five stated that there had been a lasting change for the better; three stated that there had been no change. (2) Attitude toward Work and Life: twenty-two described lasting change in ability to work and to enjoy work; fourteen decided improvement in

enjoying life (3) Marital Adjustment four showed marked improvement eleven unmarried are now married ten happily Some described continued stress (4) Sexual Adjustment fifteen reported improvement While it is difficult to evaluate several patients are no longer sex ridden are able to be selective and state they are happy (5) Perception of Reality twelve of twenty-eight reported lasting change in themselves one reported that perception was weaker

Even in the cases where the symptom and anxiety have remained there is a higher degree of personality integration "The more the neurotic inhibitions are dispelled and anxiety is extirpated the more does natural self-consciousness emerge and the less stiff and cramped are the attitudes of personality The field of experience is enlarged the attitude toward work and toward other people becomes more open and natural

The patients recollections of why they came for analysis were dimmed by time They tended to minimize the severity of presenting symptoms and complaints They tended to feel that analysis was the treatment of choice for problems like theirs

Very satisfactory is the term used by the author where there was symptomatic cure personality changes occurred with better social adjustment to work interpersonal relations and sex and where there was no relapse Seven of twenty-eight were classified very satisfactory ten of these considered their treatment very satisfactory *Satisfactory* describes a situation in which temporary relapses may take place but all other changes in symptoms and adjustment were lasting and definite The author labeled fifteen satisfactory as did they too *Unsatisfactory* means that the chief symptom remained unchanged One patient (homosexual) said that for his homosexuality the treatment was unsatisfactory but for his other neurotic symptoms the results were satisfactory The author considered two results unsatisfactory The result is *inconclusive* or doubtful where the change seems to be due more to external factors than to the analysis The author considered four doubtful two patients gave indefinite replies

In evaluating the role of the analysis three factors were significant in stating that the treatment had therapeutic import (1) nature of the neuroses treated—these were chronic personality neuroses not situational (2) nature of observed improvements—there were lasting personality changes (3) characteristic course of analytic improvement—showing series of sharp alternating rises and falls throughout and even beyond the treatment before it finally settled into a gradually and continuously rising line

There is a summary of each case with criteria and related data It

is quite clear that the author intended this paper to stimulate others to report their long-term results. He offers his method with the hope that other ways of evaluating this difficult problem may be arrived at.

B. Transference and Countertransference

Two papers in this group present ethological considerations, others survey transference in a general way, another takes it up in a specific clinical entity, while one paper discusses it from the standpoint of preparation for analysis; a number of papers on countertransference discuss it as a reaction to transference, while others take it up from the opposite standpoint; finally, two papers approach the relationship of transference and countertransference to psi phenomena.

In *BIOLOGICAL FOUNDATIONS OF TRANSFERENCE*, R. BRUN (43) briefly discusses transference in terms of its genetic and instinctual sources. The biological aspects and their occurrence in the animal kingdom are described. Animals deprived of their mothers "transferred" their needs to humans, desiring for instance to suck the hands of their owners. Animals such as pigs, monkeys, and even ants would adopt even so-called enemy animals as mother figures. This maternal and socialization need will overcome natural fears.

The author concludes that biological transference occurs in the face of a frustration of a drive need, and reflects the plasticity of instincts. On occasion one sees a "jumping over reaction, uniting self-preservation with socialization." This is explained in terms of the fear of object loss. These phenomena are unlike the "imprint" reaction, since in the cases described there has been an original love object, followed by frustration and a new object. In humans, transference occurs when there is an unsatisfied object need, as in the example of the frustrated oedipal complex.

Another paper of the same nature, *BIOLOGICAL BASIS OF TRANSFERENCE*, by ADALBERT WEGELER (284), compares human behavior to that of animals. He sees the relative weakness of instincts as the crucial differentiating quality of man. Human reactions are more than inborn patterns. The human reaction has more plasticity, the animal is far more specialized in its structure and thereby fixated. Man's slow development is influenced by contact with his fellow man, he can develop a sense of self and deal with objects by means of projection and introjection. He has the capacity for symbol formation and the concept of time. This leads to memory which is different from the memory of animals in that it is much more under conscious control. Man is, in a way of speaking, born too early. His full sexual development is uniquely retarded. More

than any animal he is dependent on other men to complete his development. The problem of his relationship with other humans is man's most fundamental problem. It is this process which the author refers to as transference in the broad sense. He means by transference the mutual interplay of projection and introjection resulting in object relationships, rather than a transference neurosis.

Animal development proceeds largely by what Lorenz calls 'imprinting.' This process which is biologically determined also plays an important role early in the life of man. The eight month anxiety indicates the selective attachment to the mother which gives rise to an early polarity, the axis of which serves as a basis for interplay between introjection and projection. In animals the old imprinted pattern is given up when it ceases to be useful, in man it remains present symbolically. The complex pattern of stored memories enriches the behavioral potential of man. A disturbance in this phenomenon of development of more mature patterns is known to us clinically as fixation. This leads to a dissociation of the timetable of development of the transference. A body of symbols becomes separated from the main organization to form a foreign body with an independent existence. In the course of analytic therapy it is possible to rectify this dissociation and to achieve a belated reimprinting.

In TRANSFERENCE AND SYMBOL, I A. CARUSO (47) points out that the meaning of an observation is conditioned by the observer. The observer is a participant with given needs, a particular organization and a limited symbolic capacity.

Transference here is defined as this organizational background which is projected onto and gives meaning to, the environment. Transference is therefore not a mystical act but a regular component of every psychic act. Its symbolic nature and its ambivalent character is implied by the selective nature and limited acceptance of all reality testing. Transference per se is not neurotic but ubiquitous. Neurotic transference reflects antiquated and inadequate and narcissistic object relations. The goal of therapy is the analysis of the neurotic transference, leaving an openness to a postnarcissistic object relationship. At the end of treatment the characteristic of the patient-therapist relationship is also this openness and a personal synthesis.

In TRANSFERENCE AND PROJECTION IN THE ANALYTIC SITUATION CHARLES BAUDOUIN (19) insists on the necessity of making clear distinctions between the 'psychoanalytic transference,' which is a repetition of the past, 'the analytic relationship' which refers to new and original

elements, and "projection," which should be distinguished from transference, however complex the differentiation may be.

A patient came to Baudouin's office for the third time and placed his belongings on his chair. When the analyst picked them up, the patient said with great politeness: "Oh, please, you can leave them there," to which Baudouin replied that he wanted to sit down. Full of confusion, the patient excused himself. Subsequently it became clear that what is commonly called transference had occurred during the second session, following which he had felt perplexed and had acted in a somewhat confused fashion. He recognized this later as a repetition of behavior belonging to a rather troubled period of his previous life.

Is this episode evidence only of early and strong transference? No doubt; but in addition the analyst was impressed with the feeling that the patient was setting up a ghost of himself, an alter ego, in his chair. In addition to being a form of resistance, it was a repetition of previous behavior in a symbolic fashion. He said that he suffered from distrust of people and that he had to "rethink" for himself any advice given by others in order to feel that it was he who was giving himself the advice. In the analytic situation, this alter ego rose between him and the analyst. It also fused with and replaced the analyst. This falls more in the realm of projection than transference.

In another patient, the fictitious third person had more definite characteristics. This patient had what Baudouin calls a Diana complex with fantasies of being Joan of Arc dating to early childhood. She felt she was wearing a knight's armor which protected her against men but also separated her from her femininity. In her childhood games, when pursued and at the point of being caught, she would cry, "Daddy," as if paternal protection became fused with the concept of her armor. In a dream she saw herself as Morike's character, "The Bride of the Wind" ("she preferred to become the bride of the wind rather than enter the path of marriage"). In the process of analysis she gave up this armor as a defense mechanism and literally gave it to the analyst in the form of a picture representing a lady looking at her image reflected in a knight's shining armor. She surrendered to him this inner structure, this animus in Jung's sense, and subsequently expected him to assume its function. This is transference in the broad sense: "something" is displaced, transferred to the analyst; but it is not transference in the strict sense that a feeling concerning a previous object is now experienced in relation to the analyst. This is more a phenomenon of projection than transference. In the two examples mentioned above a definite structure stands between the patient and the analyst.

Transference, as defined by Freud and before him by Ribot, is an

affect first experienced toward an object in the patient's past and displaced onto another object associated to the first through contiguity or resemblance. Projection is a mechanism through which a certain psychic content of the subject is not recognized as his but attributed to another person. Thus transference deals with affect whereas projection implies a judgment: some qualities really belonging to the subject are attributed to the object.

In psychoanalytic transference we must look for mechanisms where projection prevails. For instance, in a case of frigidity Laforgue calls transference projection: the implicit reasoning of the patient, the psychoanalyst is a man, thus a good for nothing, thus a rapist. Too often in psychoanalytic literature the term transference covers a multiplicity of phenomena. Actually the term transference dates back to the first period of psychoanalytic development: it was defined in terms of hysteria. As Lagache pointed out in a review of the subject, the psyche was first thought of as a boiling cauldron of drives whose objects could suffer displacement. The concept of transference is quite clear in this light. But in the 1920's Jung and Freud developed the concept of mental structures. These structures—be they the Jungian anima, persona, and self, or the Freudian ego, superego, and id—stand so to speak between the patient's boiling cauldron of drives and the analyst as in the two examples mentioned above. Thus what comes into play is more in the realm of projection.

Many of Freud's disciples have attempted to translate the earlier notion of transference in structural terms. Nunberg states: "The patient projects simultaneously upon the analyst contradictory drives emanating from the ego and id." Ella Sharpe assigns to the last phase of the analysis of transference the task of shedding some light on the ego, superego, and id through the projection of these structures on the analyst. Jung, through his concepts of the collective unconscious and the archetypes, adds a new dimension to transference—what has never been experienced consciously by the individual can only be projected. Ferenczi and Rank also pointed out that some of the individual drives which were never experienced or fully conscious, having been repressed, rise to consciousness for the first time during the analysis. In this sense it is more logical to say that these structures are projected rather than transferred and to talk about "the resolution of projection" rather than "the dissolution of transference."

It is easy to show how one notion merges into the other. There is no affect without intellectual concomitant. For instance, when love or hate is projected onto the object, does it not imply that the object is deemed to be deserving of love or hate? Thus the subject projects onto

the object an attitude of benevolence or malevolence. In spite of this concomitance and for the sake of clarity, it is necessary wherever possible to distinguish between transference and projection.

On several occasions, the author has urged that a distinction be made between "psychoanalytic transference" and "the analytic relationship." The former is a repetition of the past, whereas the latter encompasses what is new and original in the relationship. He agrees with Christoffel that the transformation of a transference relationship into a personal (realistic) one indicates a strengthening of the sense of reality and closely parallels the growth of the synthetic function of the ego. Similarly, Baudouin advocates that a distinction be made between transference as a form of repetitive behavior and projection, which implies the interposition of a more complex structure. We should investigate which situation we are examining: transference, projection, realistic relationship, or another modality of the human experience, which is too rich to be expressed by a single term.

In REFLECTIONS ON A TRANSFERENCE MANIFESTATION, S. LECLAIRE (165) selects from a psychoanalytic session certain clinical data in order to re-examine the meaning of transference and its place in the theory and practice of psychoanalysis.

The patient in question reported that immediately before entering the analyst's office, he had purchased and eaten two cakes. While so engaged, he had heard someone entering the store, thought that it must be the analyst, and then become preoccupied with thoughts of how he should act. He had decided to pretend not to see the analyst. The patient then talked of his own future work and, as the analyst turned a page of his notebook, stopped suddenly. After a long silence, he said he felt that the analyst was inattentive to him, and had reproachful thoughts toward analysts who made money while remaining silent. He recalled a memory of his adolescence, related several days earlier, of his mother's failure to respond to his enthusiasm over Molière's *Don Juan*. After that, he stopped talking to her.

At this point, the patient mentioned for the first time that he felt that from where he sat, the analyst could see part of his face during the analytic sessions. He then saw another picture of what he described as "his first false memory." This was a fantasy of his own birth, in which he was taken to his mother and placed beside her while she regarded him tenderly. At the end of the session, he remarked that when leaving the couch, he had several times felt that he was leaving "a closed circle." To "fasten himself up," as it were, he thought of his fantasy of the pastry shop and then referred to two of his symptoms, his hunger spells and his

gluttony he recalled the interest his mother had taken in his food and the discomfort he had experienced when eating in her presence

In the light of this material the author discusses (1) the bakeshop fantasy and (2) the patient's feeling that the analyst was inattentive and the succeeding thought that the analyst was looking at his face having become in other words very attentive. There was both a fear of and a desire to be seen which repeated his experience with his mother. Many associations had dealt with the mother's concern with his diet and her description of him as delicate child. An earlier false memory of the patient also relating to birth was one of being brought to his mother disfigured as a result of a prolonged labor. The mother horrified at his ugliness had said: "This is not my child." He remembered that when angry with him as a child the mother would indeed say to him: "I don't know you. I don't want to see you again."

All of these observations must be weighed with a view to their meaning as communications to the analyst who himself must determine how the patient can best be induced to submit the feelings that are striving for discharge to rational consideration. Of central importance in the clinical material was the patient's preoccupation with being looked at and with seeing. He talked a great deal of people's looks and of photographs in which he would sometimes detect both a smile and a frown in the expression of the same person as though there were two people in the same picture. He spoke especially of his mother's features and of fleeting views of her body. He was indeed engaged in a quest for the form of the other person which he wished to confront directly or in secret with his own. Thus did he hope to find his own form, his place, his self in relation with others. He could not progress in this effort however since it was maintained with his eyes alone without the use of his mind.

In the bakeshop fantasy the analyst was assigned a special character. This distortion served to protect the patient from a recognition of his own position and attitude which had he been able to express it would be stated: "My inquiry here is not sincere because I am afraid. To take a place in the world is to take responsibility to enter into life and to face death. I only want you to help me understand a little of my conflict. If I were more truthful I would see myself as one who refuses to face his problem. Therefore rather than talk directly to you I construct images in which you figure. This is better than nothing despite the closed circle of which I speak by remaining in analysis and constructing these images of you. I do keep the door open for some action on your part."

This replacement of direct discussion with fantasy demands interpre-

tation The analyst must offer timely interpretations to the patient of the meanings of his self protective attitude, its history, and its ambiguities In the case under discussion these interpretations were suggested rather than directly presented to the patient, so that he was able to seize upon and resolve the question that he himself had posed

In conclusion, the author refers to Lacan's description of three categories in analysis, the Real, the Symbolic, and the Imaginary The symbol, the word, is the true regulator of our experience, the Real appears in the analysis only when the Imaginary, the fantasies and illusions, are correctly integrated by the analyst and assigned to their place in verbal symbolic form The Imaginary comprises the fantasies regarding the analyst, the identifications and projections, it can be thought of as the ego in all its power of formation, information, and deformation The Real may, in its ultimate effect, be conceived in terms of the extent to which the patient arrives at a rational self understanding, a task which is never really completed

In SOME SPECIAL ASPECTS OF THE TRANSFERENCE PHENOMENON, R. LE COULTRE (166) differs from those who feel that the transference is entirely created out of the analytic situation Its major characteristics are determined by the inner structure of the past history of the patient In analysis the experiences of childhood will be acted out, and this acting out is achieved through and during the transference and thereby helps the past to become conscious and real and makes it susceptible to the analytic influence The most important resistances which have to be overcome in analysis are those arising out of the superego and they will be made real by projection onto the analyst

In A FIELD-THEORY APPROACH TO TRANSFERENCE AND ITS PARTICULAR APPLICATION TO CHILDREN, HANNA COLM (53) claims that while field theory sheds no new light on transference, it does on the concept of countertransference While traditionally transference is accepted and utilized, and countertransference is controlled and interdicted, in the field approach countertransference becomes merely one facet of the common humanity of the patient and the analyst Countertransference becomes a means for the investigation of the mutual reaction

In the therapeutic situation the analyst must deal with the patient in his whole field, recognizing that his own field and that of the patient interact In this process (new experiences and reactions, new defenses and reachings-out develop on both sides), the communication is essentially from unconscious to unconscious The analyst tries to get in contact with the center area of the field of the patient in order to help him

toward center area living in contrast to his defensive fringe area living. Once there is a center to center contact between patient and analyst—and this can be achieved only if the analyst is aware of his central feelings about the patient—the analyst is free to use with the patient his insight into his own feelings and reactions to reestablish communication whenever he feels he does not understand the patient or whenever the patient is at a point of resistance. While anxiety may be generated in the patient by the show of spontaneous feeling, the fact that the analyst accepts the patient in his central area allows the patient to work through his fringe area upset. Negative feelings may be expressed if center contact has been reached. The author does not mean that unresolved conflicts of the analyst are discussed, but spontaneous feelings evoked by the situation in a background of relatedness are brought out with a willingness to scrutinize both sides of the relationship.

Two situations evoke negative feelings in the author. One is a prolonged period in which nothing happens. She becomes annoyed. When the patient responds with fear or any other statement revealing his need to control a frightening spontaneous situation, she points out that it is not his hostility but his refusal to feel understood or to contribute to being understood that has brought about the situation. Usually he can be shown that the anger is a reaction to the frustration brought about by his anxious lack of trust and withdrawal from the interaction and that the anger represents an interest and desire for renewed contact. Negative feelings are also provoked in the author when the patient touches upon an unresolved conflict (in the author). Once the author is clear about her past, she attempts to define the grain of reality in her countertransference response. When center contact is fully established, she is able to react spontaneously. In other words, the identification with the patient usually considered part of therapy is held to be undesirable. It is the interaction with the patient which is considered important. The analyst tunes in on the patient and the patient understands that it is the humanness of the analyst which is being used to help him.

With children the author advises an extension of these ideas. This is considered particularly useful for severely neurotic adolescents. Her approach makes it possible to reach extremely defensive and distrustful children who are difficult to contact. The method is essentially to let the child know when his activity is irritating. It is also important to show the child that he is nevertheless accepted.

This approach requires a constant self-awareness, a willingness to question over and over again what has been worked out in the analyst's own past life, a facing of the unacceptable together with the acceptable.

in the trusting belief that real interrelatedness will develop and persist as a result

In TRANSFERENCE REFORMULATED JURGEN RUESCH (243) tries to formulate a concept of transference in terms of the development of communicative activities during the life cycle of man. The formulation of transference in terms of communicative exchange between two people avoids the usual shortcomings in the formulation of this concept of transference and attempts to explain transference as a general feature of human behavior which only in extreme cases should be considered pathological. A complete summary of this paper appears in Chapter II.

A more specialized aspect of transference is taken up by the next paper. In ON MOTOR PHENOMENA IN THE TRANSFERENCE, E. E. KRAPF (154) advises analysts to pay attention, not only to what the patient says but what he does and what he avoids doing.

Most analysts agree that the phenomenon of analytic transference derives from the patient's early relationship with his parents. In this sense it is always a resistance although at times it may serve the purpose of analysis e.g. when positive transference reinforces the patient's confidence in the process of analysis and thus promotes his improvement through maturation of his superego. What is reproduced in transference is not only the affective component but the entire relationship of the patient with his parents. Lagache states that the total situation is transferred. This total behavior includes motor phenomena. Furthermore, as Hornburger points out the motor component is particularly important in infantile behavior which is the source of the transference. The negative aspects of acting out in the transference have been emphasized for the past thirty or forty years at the expense of an interest in the useful side of motor phenomena in the transference.

The analytic process tends to bring into awareness repressed drives which if acted out would be socially unacceptable. Hence Freud's rule of abstinence understandably attempts to counteract or minimize the acting out of these drives by the patient. Fenichel points out that the dangers of acting out should not be exaggerated. Instinctual drives have remained infantile in nature only because they have been repressed. A certain measure of action is necessary to the process of psychoanalysis which is not simply a talking cure.

Krapf believes that we should study not only the patient's verbal productions but also his actions not as a fundamental modification of classical techniques in the directions taken by Ferenczi and W. Reich but to emphasize interpretation of the motor behavior. Ferenczi, Fen-

chel, Reich, and Felix Deutsch have shown some interest in this matter

In *The Ego and the Mechanisms of Defense*, Anna Freud distinguishes two types of transference—transference of libidinal impulses and transference of defense. This classification in terms of dynamics nevertheless does away with the phenomenologically precise classical differentiation between positive (friendly) transference and negative (hostile) transference. From a phenomenological point of view it is possible to consider positive transference as mostly libidinal, negative transference as mostly aggressive, and 'transference of anxiety' as mostly defensive in purpose, although we must recognize that positive and negative transference serve as defense mechanism also. Thus we must define five types of transference: (1) transference of libidinal impulses, (2) transference of aggressive impulses, (3) transference of libidinal impulses as a mechanism of defense, (4) transference of aggressive impulses as a mechanism of defense, (5) transference of anxiety as a mechanism of defense. The purpose of this paper is to study the motor expressions of each of these types.

The motor manifestations of the first two types are purely of instinctual origin and are often impossible to observe in the analytic situation, as they involve oral, anal, and genital manifestations rather than body or limb movements. The transference of libidinal or aggressive impulses as mechanisms of defense frequently find motor expression which must be handled carefully. A hysterical patient, in a state of positive transference, on several occasions raised her pelvis in the analyst's direction. When he asked her whether in so doing she was exhibiting her genitals she directly confirmed the interpretation by stating that she hated this form of exhibitionism so much as to refuse to show her father how she danced the boogie woogie. The 'correct' interpretation deprived her of this motor form of defense and served only to increase her anxiety. Subsequently in a similar transference situation she curved her body backwards. As an example of the motor expression of the transference of aggressive impulses, a young alcoholic patient expressed his strong oral aggression by grinding his teeth. This served a defensive purpose as it protected him against a temptation to bite or to use hostile words against the analyst. On several occasions he complained of pain in his jaw muscles after having attacked the analyst verbally. It is in transference of anxiety as a mechanism of defense that motor expression is of greatest significance. In this situation the patient talks about his motor behavior more freely as it is not so immediately concerned with instinctual material. Interpretation of the motor behavior allows the analyst to reach deeper into the patient's unconscious because the first defenses developed by the individual are motor defenses against death anxiety.

The examples given for category 3 and 4 also apply to the transference aspects of motor behavior concerning body orifices. We need to focus the patient's attention on his adductors, his gluteus, and his chewing muscles, which "protect" the vagina, the anus, and the mouth. The analyst must not rely only on the spontaneous communications of the patient but should observe the patient and make use of the posturogram described by Felix Deutsch.

At the level of the tensions and movements of the locomotor apparatus, some regressive aspects of behavior can be picked up which usually escape the attention of the analyst. Restlessness and rigidity are the two main types of motor behavior. Whereas restlessness indicates the tendency to escape a dangerous environment, rigidity seems to be an effort to prevent the actualization of a potential danger.

Anxiety seems to have its origin when the foetus experiences anoxia. As is generally known, nothing stimulates foetal movements more than anoxia. Graham Brown suggests a close physiological relationship between locomotor and respiratory movements. But it is also probable that some active movements of the foetus interfere with his oxygen supply. In an effort to protect himself against this danger, the foetus may adopt a defensive rigidity.

An eighteen-year-old student who sought analysis because of a neurotic inhibition of all adult activity revealed from the beginning a clumsy and curiously inhibited type of motor behavior. When it was first suggested that his behavior indicated that he felt he was the analyst's prisoner and desired to escape the latter's influence, his reaction was to become so rigid that he complained of pain in his extremities; this reminded him of the time when, as a little boy, he suffered from rheumatic joint pain. Later, his associations led him to mention his anxious fear of abandonment by the analyst and to a terrifying memory of having been almost smothered by his mother's fur coat. After this, the analysis proceeded more smoothly and led him to a better understanding of his oedipal complex and castration anxiety. Later on in the sessions his marked rigidity recurred. As he was at that time resuming his social and sexual activities, the analyst thought his motor behavior was a defense against his newly found freedom of action, especially with regard to women, and told him that he was probably avoiding all movements because he felt pushed toward a dangerous type of activity. This interpretation resolved the patient's resistance and allowed the resolution of his oedipal conflict at the deep level of anxiety caused by the seductive and castrating mother.

From the point of view of technique, motor phenomena can be treated as if they were free associations, dreams, and especially symp-

tomatic actions. As Deutsch pointed out it is not sufficient to bring to awareness the patient's behavior as this leads ordinarily to immediate cessation of involuntary movements; the meaning of his motor behavior must be interpreted. The fundamental rule must be extended to include a description of bodily sensations and tensions. Frequently, the perfect patient who verbalizes freely but shows little concrete understanding and progress hides his resistance on the motor level.

D. LIPSHUTZ (175) deals with clinical problems of TRANSFERENCE IN BORDERLINE CASES. The unrealistic hallucinatory quality of the fantasied feelings is ascribed to early rejection, withdrawal of libido from reality, and investment in fantasy objects. Suggestions for handling and illustrative case material are given.

Transference in borderline schizophrenics is more obvious and expressed in early therapeutic contact than in neurotics. As therapy proceeds repression of feelings toward the analyst occurs but a fantasied relationship with a current third person is set up. Into this relationship which includes strong hallucinatory feelings of love and hostility the feelings are put which cannot be tolerated in the analytic relationship. Such feelings must be dealt with only in a phase of positive therapeutic reaction when they are interpreted as arising out of patient's feelings toward the analyst.

The history of such patients shows the repetitive character of this pattern. There are strong attachments to neighbors and strangers. The difference between this and the common neurotic fantasy of the good mother or father lies in the fact that the borderline patient lives through this fantasy without any awareness of its unreality. A married woman of forty with gastric ulcers repeatedly became involved in relationships with men both real and fantasied. In each instance she became markedly paranoid about the other woman. The paranoid projections about the women were initiated as she felt positive feelings about the men. With the analyst she showed the same pattern. Interpretation resulted in loss of interest in treatment and depression. Depression lifted when she developed a fantasy love affair with an art instructor.

Both men and women show similar transference characteristics. This is based upon early pregenital roots of feelings of rejection. A physical accompaniment of this feeling is a gnawing in the pit of the stomach. With feeling unloved or rejected there is withdrawal of a proportionate amount of libido from reality and increased amount invested in fantasy.

Transference problems as well as other technical issues in the treatment of borderline cases were also discussed in the PANEL ON THE BORDERLINE CASE (215) which is fully abstracted in Chapter IV.

IN TRANSFERENCE IN PRE PSYCHOANALYTIC TREATMENT, C. DURAND and P. FOLCI (69) describe certain problems which confront psychotherapists when, after deciding that a particular patient is suitable for psychoanalytic treatment, they encounter resistances which prevent the initiation of the analysis. In these cases, the authors advise that a preanalytic palliative psychotherapy be undertaken and discuss the peculiarities of the transference and its management in this preparatory treatment. They review the types of disorder in which this auxiliary treatment is indicated. These may be classified as (1) neuroses which present themselves with a somatic façade (including conversion hysteria), whose relationship to the emotional life of the individual is denied, (2) neuroses experienced as disorders of the psyche but ascribed defensively to external factors such as social or religious prejudices, (3) neuroses in which analytic treatment is sought passively with magical expectations and without any concept of a treatment that would involve the whole personality.

The indications for preanalytic treatment cannot, however, be related to any diagnostic category but are the product of a diversity of individual problems some of which may turn out to be quite superficial in nature. The goal of the preanalytic treatment is to render the patient sensitive to the principles of totality and integration, psyche and soma, past and present, self and others. The treatment aims, not at the solution of problems but at their exposure, in order to expand the motivation for therapeutic investigation. In this process the patient becomes accustomed to think in terms of psychic origins and to acknowledge psychic experiences and connections which he had formerly feared. When this has been achieved the authors state that the therapist must change his technique: avoid biographical enquiry, refuse to answer questions—in other words substitute a strict abstinence technique.

The authors state that in the preanalytic phase, in an effort to keep the progressive element of the patient's ego allied with the analyst it may be necessary to relieve outbursts of acute anxiety by biological or chemical treatments. They add however, that since it is aimed to expose the underlying cause of the anxiety later, these accessory biological treatments should be stripped of the magical value with which the patient invests them. The fact that the analyst participates actively in the treatment prevents thorough analysis of the transference. It is still possible, however, to offer 'therapeutic comments' on the patient's transference behavior, relating this to his past history without tracing it to its unconscious source. If the patient has a hostile attitude from the beginning it should be permitted to develop and related to aspects in the patient's history which have been disclosed in the biographical enquiry (analysis of the preconscious). If the hostile feeling becomes intoler-

able, however, it may be necessary to indulge some of the patient's demands lest a rupture in the treatment occur.

The appearance of persistent intellectualization in the preanalytic phase, is, according to the authors, an indication for changing to the classical technique.

The application of the active preanalytic technique introduces serious countertransference problems. The narcissism of the analyst is wounded by the gratifications he has accorded his patient during his anxious episodes. It is difficult, having once geared the treatment to 'cure,' with relief of symptoms to effect the change to a passive technique. Sadistic and masochistic reactions may readily be evoked in the analyst. The conflicting attitudes which, in the pursuit of the preanalytic method, the analyst is forced to assume, sometimes indulgent, sometimes withholding, are calculated to evoke dissatisfaction within him. If, however, the analyst can endure this the patient will eventually develop chronic anxiety and ambivalence, which on the one hand lead to a regression and on the other to a mobilization of the progressive aspects of the ego in the service of the analysis.

EDITH WEIGERT (287) presents a theoretical discussion of TRANSFERENCE AND COUNTERTRANSFERENCE IN RELATION TO ANXIETY. She makes the point that in response to their own anxiety, patients show characteristic defenses and project onto the therapist defensive attitudes and libidinal expectations stemming from their past experiences with others. In this way the countertransferences are largely determined by the patients' concealed excessive anxiety, which tends to elicit defensive responses in the therapist.

Weigert gives examples of some typical transference and countertransference defenses against anxiety emerging in treatment. Thus a typical defense against the anxious experience of loneliness may appear in hysterical symptoms and character features in the neuroses. In the transference the patient will try to get as close as possible to the therapist. The countertransference in this case may be to go along with the need to be indispensable to the patient, or to withdraw too much in the treatment. The typical defense against powerlessness is the illusion of being in power and control, as elaborated mainly in the obsessional neuroses. In the transference, the patient shows this by a highly ritualized exchange with the therapist, repetitious and rigidly controlled so that the patient can remain in control of the therapeutic situation. Countertransference reactions to such a defense may be for the therapist to become anxious over the poorly disguised hostility of the patient to be unable to resist

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being drawn into argumentative competition with the patient. The third example is the defense against anxiety concerning individual loss of identity, which is the most restrictive and paralyzing defense. Such patients withdraw in the transference, become detached, and do not want to allow anything in the therapeutic situation to enter into the defensive system of fantasies of perfection and absolute self-sufficiency. The countertransferences elicited by such patients are frequently discouragement on the part of the therapist and of attempts to get too close through overidentification and overindulgence.

The author feels that if these manifestations of countertransference and transference due to anxiety are understood, the therapist can learn to develop a mutual trust between himself and the patient, which is essential to every successful therapy. By being patient, maintaining the proper distance, and not permitting himself to be pushed into the unrealistic position into which the patient's defensive anxieties seek to push him, he will enable the patient to establish a good working relationship in order to help the patient surmount his anxieties over loneliness, powerlessness, and loss of identity.

IN TRANSFERENCE IN THE LIGHT OF COUNTERTRANSFERENCE, WERNER KEMPER (149) considers transference and countertransference a functional unit. They form the "psychic field" upon which the healing process occurs. The concept of transference is not limited to the analytic situation, it is a normal, ubiquitous, and compulsive function of the psyche. The precipitations of experiences are projected and thereby distorted. In the relation to the therapist all the contents are mobilized in the patient, which, in the service of defenses, had become solidified in those projective distortions.

Countertransference can be understood in the same way as transference in the service of defense against unconscious and undesirable impulses. Kemper, however, prefers to include in this concept everything that occurs in the analyst with regard to the patient, e.g., his sympathetic readiness to help, the spontaneous expression of which must be limited and controlled. The analyst's "free floating attention" is understood as a state of identification with the emotional processes in the patient, with secondary intellectual elaboration. The emotional interaction between analyst and patient gives the latter the possibility of an undisturbed transference upon the analyst. The analyst uses the resonance of his own affects as an instrument of perception, but he has to control it, which means a considerable frustration. This countertransference is a necessary complement to the transference of the patient.

IN THE RULE OF ABSTINENCE IN PSYCHOANALYSIS WERNER KEMPER (148) says that this rule is valid not only for the patient but also for the analyst who has to abstain from countertransferences and from considerations of his personal comfort. The rule of abstinence in the analysis means much more than only abstinence from instinctual gratification on the part of the patient. The present suffering and the wish for help motivate the patient to undergo the painful unfolding and re-experiencing of past suffering, the flight from which caused his neurosis. Also in normal life frustrations are not only unavoidable but necessary. In the beginning of every new phase of development there are situations of frustration. If it is the goal of analysis to recapture and redirect the miscarried developments of the past which prevent gratifications in the present, the rule of abstinence is merely a consistent application of an actual state of affairs in the patient's life.

The requirement of abstinence concerns the analyst too, perhaps to a higher degree. The control of impulses of a sexual or tender nature toward his patient is only a minor part of it. He has to curb any inclination to help the patient. Only such a seemingly heartless attitude promises permanent success. Furthermore, he has to be ready at all times and with no reservation to take and to withstand the transference manifestations of the patient. The simile of the neutral mirror is insufficient. The patient does not project his transference into an empty space; it always meets with some sensitive spot in the analyst who remains a vulnerable human being and must constantly observe emotional abstinence while in the state of free floating attention. He offers his own mental processes as an identifying organ of perception. Finally, the restrictions of his private life by analytic practice mean considerable abstinence.

Countertransference problems arise principally from the analyst's guilt and need for punishment stemming from his acceptance of the godlike role imposed on him by the patient. This thesis is presented by ALFRED J. SIEGMAN (257) in *HYBRIS—A REACTION TO POSITIVE TRANSFERENCE*.

Aside from Freud's original studies, the paper by Jekels and Bergler is the only significant attempt to explain dynamically the positive transference. Sterba indicts Wilhelm Reich for accentuating the importance of the negative transference to the neglect of transference love, but Siegmán postulates that countertransference arising from the nature of the positive transference itself may better explain this neglect. In Freud's and Nunberg's description, transference love endows the analyst with superhuman qualities; he is seen as omnipotent with power over life and death, a priest, magician, and god. The author believes that this role

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may be unconsciously seen by the analyst as the apparent gratification of the guilt laden oedipal wish to displace the awesome rival parent. This role can thus become a significant source of countertransference. The importance of this aspect of the oedipal conflict is substantiated by its frequent recurrence in myth, religion, and folklore, and by the Greek concept of the hero and *hybris*. The original sin of the Greek tragic hero is *hybris*, believing that one is godlike. As a consequence of this presumptuousness, the transgressor meets inevitable destruction.

A review of the literature pertaining to the theory and techniques relevant to the positive transference reveals inconsistencies. For instance, is the positive transference purely a repetitive projection of infantile imagos, or is it a new dynamic entity created by the analytic situation? The recommendations for handling the positive transference also demonstrate areas of contradiction and reveal a need for further clarification. It is suggested that the two major attempts to modify classic technique (Ferenczi and Alexander) may have been partly based on considerations of the positive transference.

Specific countertransference attitudes are then examined, with respect to the range of reactions and characteristic defenses of the individual analyst against guilt and anxiety: (1) the tendency to disturb the positive transference by ill timed interpretations, such as the constant search for the 'latent negative transference, (2) the need to divest one self too early of the powers granted by the patient, (3) premature confrontation of the patient with painful interpretations which may blight the fragile positive feelings, (4) the countertransference roles of appearing too 'real,' or conversely too 'unreal,' which may arise from a similar source. The author stresses that we must endure the full measure of the patient's hate as well as of his love.

In *NOTES ON PARAPSYCHOLOGY AND PARAPSYCHOLOGICAL HEALING*, MICHAEL BALINT (12) states that apparent telepathic events do occur during analyses but within a typical transference-countertransference setting when the patient's state of intense positive dependent transference is met by an ambivalent transitory external preoccupation which causes the analyst to divert attention. The analyst maintains a façade of professional hypocrisy and conceals his ambivalence. In desperation certain talented patients are able to produce parapsychological phenomena which can shock the analyst into resuming his attention and unmasking his hypocrisy. Because of guilt the analyst reacts with projection (the ESP is produced only and solely by the patient) and idealization (ESP is an interesting scientific problem, not emotional, not caused by conflict).

The same defenses are seen in studies of parapsychological healing. The research workers disclaim any emotional connection with the event it is caused by an outside force—God healers etc (projection). They maintain that parapsychological healings are beneficial or harmless (idealization). Studies of cures at Lourdes reveal these defenses. Only forty nine authenticated healings are reported these belong to types of illness which are known to show sudden changes under normal medical conditions.

There are many unstudied cases of inexplicable cures in medical practice. Perhaps these are provoked by dynamics similar to those of ESP in analysis i.e. the patient desperately clinging to the doctor the doctor unable to heal maintaining a façade of professional hypocrisy that he can heal. Analysts can be pioneers in the study of the true nature of ESP.

IN TRANSFERENCE AND COUNTERTRANSFERENCE ASPECTS OF PSI PHENOMENA EMILIO SERVADIO (255) refers to a paper submitted to the *International Journal of Psycho-Analysis* for publication in which he described how a telepathic dream of one of his patients was related to a situation in Servadio's own life which had reawakened childhood feelings comparable to those of the patient's. The analyst was able to subject this countertransference problem to detailed analysis.

Exposure of the transference and countertransference factors which have conditioned a psi phenomenon is often limited by the analyst's reluctance to recognize the origin of his countertransference attitudes and by his unwillingness to expose details of his own emotional life. Furthermore psi communications in analysis appear in disguised form as allusions metaphors symbols etc. which must be isolated and identified like other phenomena that follow the laws of the primary process. Because of this most psi phenomena in analysis remain unnoticed. With regard to the transference phenomena which give rise to psi communications Servadio states that when a patient perceives parapsychically certain elements belonging to the emotional life of the analyst he then attaches to the analyst an unsatisfied love from his own past. This creates as is always the case where frustrated love is involved an ambivalent transference. The patient wishes to penetrate the private life of the analyst in an effort to turn love toward himself and at the same time to reproach the analyst for his lack of love. The analyst creates conditions most favorable for the appearance of psi phenomena when he himself is endeavoring to suppress his parental exhibitionism and to withdraw his person from the impulses of the patient (as child). This is especially likely to happen when the analyst has many extra analytic

preoccupations which can interfere with his concentration of desexualized libido upon the patient. This affords the patient the opportunity of unmasking the analyst by the trick of a psi communication. In those situations the psychic apparatuses of both patient and analyst are functioning imperfectly, showing "complementary defects." Psi phenomena also show themselves when certain mechanisms of defense in the analyst, psychological or psychophysiological, function poorly, permitting the reestablishment of "outlets or means of communication of more primitive nature, such as telepathy." No analyst can avoid these contingencies which are products of the imperfections which always exist within the interpersonal and analytic situation. They serve the purpose, however, of bringing down to earth the image of the analyst as an impenetrable screen, always manifesting complete neutrality, a concept which the author regards as mythical.

The reader is also referred to Volume III of *ACTA PSYCHOTHERAPEUTICA, PSYCHOSOMATICA ET ORTHOPAEDAGOGICA* (4) which, in addition to the papers abstracted here, contains a series of papers on transference and countertransference, mostly from nonanalytic points of view.

C *Specific Problems*

Papers in this group take up the problem of acting out, the premature use of parameters in analysis, transference reactions to fees, sleep during analysis, the value of the reconstruction of an actual traumatic event in childhood, problems in the analysis of polyglots, conscious lying in analysis, the analysis of a paranoid condition, and problems of termination.

ACTING OUT VERSUS INSIGHT: A PROBLEM IN PSYCHOANALYTIC TECHNIQUE, by WILLIAM V. SILVERBERG (259) is a discussion of the problems posed by patients who act out instead of achieving insight. Repeated attempts to impart insight into the nature of this acting out are without success until the meaning of the phenomenon of interpretation is made clear—that it represents a coercive, controlling disciplinary measure imposed on the child by the omnipotent parent, which must be opposed.

The author deals with the development of insight, differentiating the material recovered from the unconscious which had previously been conscious from the contents which had never been conscious, never verbalized or formulated sufficiently to permit integration into the conscious modality. The second category is considered the more important. He focuses on that type of acting out which does not respond to repeated interpretations. Since acting out is a manifestation of transference, it

implies the existence of a memory—but one which is not verbalized and represents the persistent effort to rectify the helplessness of a traumatic experience. The impulses involved in acting out are unconcerned with the attempt to maintain past and current claims to omnipotence, the total effectiveness of one's aggression, as well as self-esteem. Only when the patient is able to give up these claims is he amenable to the influence of insight on his acting out. The patient may regard the insight interpretation as an effort to discipline him, to force him to conform, as in the parent-child interplay.

The author presents the case of a neurotic individual who showed features resembling schizophrenia in the earlier part of the analysis. He complained of chronic insomnia, compulsive masturbation and a disturbed marital relationship. He alternated between contempt and a tender compassion for his wife. Frequently, violent outbreaks occurred between them. They had a most erratic sex life. The excerpt describes an interval during the final four to five months of analysis. The patient had just returned to analysis after a two-year interruption which had been directed by the analyst in order to give the patient an opportunity to assimilate the insights previously gained. In making arrangements the patient was obliged to take an hour ten minutes earlier than he desired. About one month after the resumption of the analysis he began coming ten minutes late and tried to prolong the sessions. It was an obvious attempt to have his own way about the timing of his appointments.

The analysis had centered on the patient's omnipotent wishes to control the mother and force her to gratify his oral drives. The acting out was a manifestation of the need to control the mother (analyst) and force the gratification of his demands. Interpretation was given but resulted in little change. Subsequently, the patient was concerned with what he regarded as the analyst's omnipotence and the unfairness of the analyst's demands that he give up his. There was a recurrence of some sadistic, controlling acting out with his wife which had been interpreted previously. The wife represented his sister, who had challenged his claim to omnipotent possession of the mother. The patient's solution was to subdue her by his superior strength. This interpretation had previously succeeded in eliminating this particular form of acting out, but it had returned under the impact of the above-described material. The patient revealed that during the acting out, this insight had occurred to him but he chose to sweep it aside. This specific point, the decision to ignore the analytic understanding of his impulse to act out, was subjected to analysis. It represented his rebellion against the analyst who he thought, was attempting to control him omnipotently. The analytic interpretations had been considered a means by which he was being forced to do what

the analyst desired. The entire analytic process had been experienced as a disciplinary measure imposed upon the patient. The author states that we have not taken sufficiently into account the fact that while insight ultimately liberates, its immediate effect is likely to be restriction and frustration of those impulses which it interprets. Consequently, it may be ineffective. This technical procedure was decisive in the successful conclusion of the case, which soon followed. It has been repeated in other cases with success, as well as some failures, which are not explained.

A second contribution to the problem of acting out, *ASPECTS OF A CASE OF NEUROTIC ACTING OUT*, by ROBERT L. HUNT (136), presents the view that such neurotic behavior may be the result, not so much of the existence of lacunae in the superego, but of ego weakness. The acting out of the patient in this case was a protection against oedipal guilt and at the same time represented a neurotic fulfillment of oedipal wishes.

A thirty-two-year-old clergyman came for analysis with vague complaints such as ineffectiveness on the job. He had been advised during theological training to seek help, for reasons such as "identifying too closely with psychopaths." When he entered theological school he started an affair with a girl who in the course of the three and a half years which the affair lasted had two illegal abortions. While he was in school he drank excessively, cheated, and borrowed money without repaying. Counseling a divorced woman six years his senior, with three children, who sought help because of an extramarital affair, he replaced her partner, and at the time when he began analysis felt obliged to marry her.

The patient's father was considered a brilliant theological thinker, but a nonconformist. He was accused of asocial behavior for molesting a teenager in his parish. He lived with his twenty thousand books, hardly ever speaking to the family. The mother was brilliant, sensitive, and overly moralistic. She did much of the patient's schoolwork and later wrote his sermons. The patient was a behavior problem from childhood on, he ran away from home, was enuretic until ten, was truant, looted yachts, and lied.

The analysis centered on two major conflicts. One was the patient's jealousy and suspicion of his superior, the rector. He finally made a formal, unfair accusation of dishonesty against his rector. During the ensuing investigation, he vacillated between feelings of power and triumph and severe anxiety and guilt. The investigating committee reprimanded the rector, but not the patient. However, the latter had to seek a new post, at which point his anxiety subsided, but his analysis ended because he had to leave the city. The second problem in the analysis

concerned his prospective marriage, which was frowned upon because the woman had been divorced. At first content to let matters with her drift, when the analyst told the patient that it would be best to maintain the status quo the latter at first agreed but then viewed it as a prohibition and determined to marry the woman. He did so when he found a loophole in church law for marriage.

The author states that this case is of particular interest because the "neurotic acting out was a special defense of the ego to maintain a repression of guilt feelings." When the patient acted aggressively toward his superior, he experienced no guilt, but rather power and a sense of well being. Conversely, when he temporarily developed insight in psychoanalysis he experienced guilt and depression. In his acting out, the patient used displacement, rationalization, and projection, i.e., he diagnosed the rector as a "paranoid psychopath." Why was acting out this patient's major defense? The oedipal experience of an isolated father aggressive to his children and wife, tended to intensify the patient's hatred toward his father. There were no positive experiences to counteract this feeling. In his strong dependence on a narcissistic mother, he acted as an extension of her ego. Specifically, he acted out her rebellious wishes while she condoned this behavior. Her attitudes intensified his hatred of the father.

Acting out is viewed by many as due to faulty superego formation, in which objects who had consciously or unconsciously condoned the antisocial behavior had been introjected. Hunt's view is that in this case the determining factor was ego weakness. "My impression in this case was that the father was introjected, but that by reason of the extreme overestimation of the father and his aggression, the ego could not integrate this to the extent that is usual during this process." The patient who committed antisocial acts without guilt condemned his father for similar behavior. In the same way, he justified his later behavior by accusing the rector of similar transgressions. Hunt says "here it seems less a matter of lacunae in the superego than another special technique of the ego, a type of blackmail to ward off the guilt arising out of these deeds which essentially resembled the father's—the ego's devaluation of the superego as a protection."

In A PROBLEM IN PSYCHOANALYTIC TECHNIQUE FREDERIC G. WORDEN (296) discusses the analysis of a borderline patient who had progressed slowly until an understanding of the correct kind of interpretation for her brought about rapid progress. Various parameters had previously produced only adverse results. The author believes that many parameters are used in the treatment of borderline patients because the correct

interpretations, which would render deviations in technique unnecessary, have not been discovered

The patient was a twenty seven year old single woman suffering from anxiety over homosexual feelings and activities, and a phobic reaction of two years' duration. She was afraid of developing a dizzy, fainting sensation, or of doing something violently impulsive such as screaming, tearing off her clothes, or jumping out of a window. In time, she had to avoid most places away from home and could travel only to work and this only under specific conditions. At times considerable freedom from the phobic restrictions was gained through relations with a homosexual partner. In her sexual activity there had been a repetitive cycle of love, rejection, hostility, and mutual forgiveness since the age of thirteen with many changes of partners. In the sexual activity she would identify with the father image in a fearful primal scene fantasy.

The births of three older sisters and a younger brother had been the fulfillment of her parents' dreams. After the youngest child's birth, the mother was constantly ill, with repeated hospitalizations until she died when the patient was eleven. From the age of three and a half to five or six the patient wore leg braces to correct a pigeon toed gait. During this period she had severe constipation and was frequently given forcible enemas by both parents. She was a bed wetter to the age of seven. After the mother's death, the patient became violently angry at her father for leaving an affair, and he threatened to put her out of the house. On that day, at thirteen, she began her first homosexual attachment. At eighteen, she fell in love with a young man and indulged in heavy petting with him but put off his proposal of marriage when he went into the army because she was in conflict about her homosexual activities. When he left, she resumed overt homosexual activities, but started dating another boy whom her family pressured her into marrying. At twenty two, she impulsively attempted a reunion with her first love, who rejected her. One month later, just after a homosexual partner broke off their relationship, she fainted while eating in a drugstore and her phobic reaction began. After a year of confinement to her home, she began nonanalytic therapy, and was able to start working as a library assistant. However, after a year, she broke off treatment angrily and began psychoanalysis.

At the beginning of analysis, she presented herself as cheated of all life's pleasures by social conventions, by her father's sexual lust for the mother, whom he killed with intercourse and pregnancies, and by his forcing her to pay for her education so that she could not have a normal social life. In the first two and a half years of analysis, she was constantly involved in emotional storms and crises, during which an observing ego seemed absent and analysis could not really proceed. By the third year

there was considerable progress, and in the last year she made unexpectedly rapid progress she was able to live out a homosexual relationship of a very different character, to resolve the storm following it by analysis, to maintain thereafter a feminine position in analysis, and to clarify her life and the analytic situation.

In the treatment, associations and emotions gushed out hour after hour in a seemingly chaotic jumble. Feeling constantly attacked and indignant, she would provoke and create situations to support these outbursts of feeling by consciously lying. In the first two and a half years interpretations ranged over many different aspects of the material, including problems relative to guilt and ego functions but these were not made systematically until the final year. After seeing a well-dressed female patient leave the analyst's office the patient's demands for sedation and reassurance about homosexuality mounted. Efforts to interpret these demands were met with distortion of the analyst's words a continuing technical problem until it yielded to specific interpretation in the last year. When, in the twenty-sixth hour, intense grief about her mother's death appeared it was followed by expressions of outrage at the death and at her mother for having cheated her. An identification with the ruined and dying mother (including parallel somatic complaints) was acted out at this time.

In the fifty-second hour, she showed a reaction that seemed almost psychotic, with feelings of depersonalization and derealization to which the analyst responded by extending his hand for the patient to clutch. Her quick recovery convinced him that this was not a psychotic panic. Following this further demands for hand holding increased with threats of psychoticlike acting out if she were not gratified, and culminating in her beginning an affair with a girl. In the first two and a half years anything she felt as an indulgence such as the granting of extra hours led to her greedy demands for further similar gratifications.

Another problem was her repeated outraged indignation at the analyst. During such episodes no observing ego was available. Attempts to curb homosexual acting out invariably meant that the analyst wanted her to suffer. When she used the fee which had originally been lowered to prove that the analyst wished to deprive her of pleasures and began a tirade lasting five hours, she was allowed to sit up for ten minutes. In this interval, reality testing returned but in the following hour she conceived of the sitting up as acting out by the analyst of his sexual fantasies about her, and could attain no understanding of the defensive nature of such fantasies.

In the last year, the author discovered the missing link in the analysis, the central role of unconscious guilt and its effect on the ego. She

had to remain a regressed, sick, and disturbed child as a bribe to her superego while it concealed further forbidden instinctual gratifications. Unconsciously she was guilty of ruining and killing her mother, cheating her mother of her father, castrating him and stealing his penis for herself. Regressively she had cheated all her siblings of pregenital gratifications. Material from childhood emerged, which revealed her favored position with the father over the mother and even the brother. She made herself the victim rather than the aggressor by identifying with her victims and so saw herself as outraged, deprived, and damaged. Her behavior suggested inadequate ego development, with a lack of capacity to postpone gratifications and defects in reality testing. Her chaotic and self-torturing behavior represented a defensive position of the ego serving to ward off conscious guilt feelings. The interpretation of the guilt feeling and its consequences clarified many seemingly incoherent hours. Free association was felt as an indulgence, as permission for forbidden instinctual activity, and a 'bad hour' was a vehicle for making atonement for "crimes." The rapidity and urgency of the associations served as a source of guilt but also as a defense against guilt, in that it was a frantic rush to get all the crimes "confessed, concealed, forgiven, justified and projected onto others." To derive any gratification or reward from analysis led to the need to deny benefits, to turn the treatment into suffering, to demand more until she was turned down, because to attain something good was unconsciously equivalent to oedipal gratification with the father, the result of murdering the mother.

The systematic interpretation of her avoidance of aspects of reality for fear of feeling guilt had to be made in order to mobilize secondary process functioning in the ego. The author feels that this was necessary because in this type of patient the ego does not perform automatically its synthetic functions but requires assistance from the analyst. This is contrasted with the automatic syntheses whose occurrence Freud describes as a typical result of the analysis of unconscious conflicts. Without the author's discovery of this method of interpretation, he feels, he would have remained ignorant of the capacities her ego revealed following the use of such an approach.

TRANSFERENCE REACTIONS TO FEES—PARTIAL ASPECT OF AN OBSESSIONAL NEUROSIS by GINO AMICI DI SAN LEO (65) is the case report of the analysis of an obsessional neurosis. Certain special circumstances of the analysis made it possible for the analyst to focus on the meaning of the fee in the transference. The special circumstances were that in the course of the analysis, as the patient's earning capacity and financial circum-

stances improved the patient's fee was raised three times at what were considered to be different stages of the transference.

Because of the mother's relentless toilet demands and in particular because of her frequent resorting to enemas the patient always had the feeling that things were being taken away from him thus he experienced the increases in fee as being dispossessed. Even though they were assumed voluntarily by the patient this was one manifestation of his ambivalence. Because of this the patient was reluctant to improve his situation. A substantial financial improvement would surely throw him into conflict with his analyst since he would then have to volunteer an increase of his reduced fee which he dreaded for he anticipated his negative reaction; this was particularly true for the first increase of fee. On the other hand an increase of fee had an altogether different meaning for the patient. It meant that with his gift of money to the analyst he would repair his analyst protecting him against his own destructive impulses.

The author believes that these increases of fee with their attending conflict and turmoil ultimately enhanced the working through of the patient's neurotic conflict. His basic condition was characterized as an obsessional neurosis which had resulted from his attempt to overcome his oral traumata. The anal regression (from which the obsessional neurosis resulted) was the ego's defensive maneuver to forestall the emergence of oral experiences of depressive and paranoid character.

EMERGENCE OF SLEEP DURING PSYCHOANALYSIS by ALAN PARKIN (218)
presents the view that the act of falling asleep during psychoanalysis is highly overdetermined. There are contributions from the ego in the form of a wish to associate freely while in a state of reverie and from different levels of the id all of which express passive wishes as well as defenses against them.

This is a report of two consecutive hours from the second year of the analysis of a thirty-six-year-old physician. The patient suffered from a phobia of being infected and from compulsive acts of disinfecting himself. During the first of these two hours the patient expressed his dissatisfaction with himself for not associating freely and his determination to do so by reporting words and phrases while in a state of reverie. He mentioned his vacillation about removing a blanket from the couch because it might be dangerously infected and said that he was able to overcome his indecision when a second thought occurred to him, namely that his overcoat hanging on the rack was also infected. The interpretation was made that his feeling of being infected (his overcoat stood for him) followed some thought about which he felt guilty. The patient

promptly fell asleep. On being awakened after five minutes, he reported that the interpretation had given him an intense feeling of relief, that he had experienced the analyst's words as "fortifying and full of meaning," and that his sleep had been one of "satisfaction." In the following hour the patient felt that the pillow on the couch was infected and had the thought that it had been used to cover the genitals of a female patient. He then could not decide whether he was in danger of infecting the pillow or of being infected by it. At this moment he fell asleep for three minutes. He awoke spontaneously and reported that just before falling asleep he had been thinking of a dream in which he either had reached for his sister-in-law's breast or had been perfectly still while she had offered it to him. This train of thought had continued vaguely into his sleep.

These two hours illustrate the overdetermination of the act of falling asleep. The ego contributed to the act by a wish to produce free associations while in a state of reverie. The determinants from the id came from several different levels, all of which expressed passivity and the struggle against it. From the phallic level came the wish for genital passivity. The fear of this passivity manifested itself in the phobia of being infected. When interpretations led to the realization that the active role in the precipitation of such situations was played by himself, the patient was able to relax and abandon himself to sleep. This occurred partly because of the reassurance which he felt implicit in the interpretation, namely, that there was no danger of phallic activity from others, including the analyst, and also as a denial of his own activity. From the anal level came the wish to submit passively to impregnation. His defense against this was expressed in his horror at the beginning of each of these sessions at being in contact with the dreaded semen, the infecting agent. Later in the hours this wish was expressed in the dreams and reminiscences in which he partially identified himself with a pregnant woman. From the oral level came the wish to be fed by the breast and to sleep the sleep of "satisfaction." He perceived the analyst's interpretations as oral satisfaction.

VICTOR H. ROSEN (236) presents a case illustrating THE RECONSTRUCTION OF A TRAUMATIC CHILDHOOD EVENT IN A CASE OF DEREALIZATION. In the therapy such reconstruction of the actual traumatic event brought striking progress in the treatment. The author comments on the importance of such a reconstruction, particularly when the event occurred before the ego was able to distinguish between fantasy and reality, and therefore the defenses adopted against the impact of the event were, not repression, but primitive identification and derealization, processes which

severely impaired ego development. Rosen also emphasizes the role of identification as a mechanism for the resolution of a traumatic experience and re-emphasizes the position of the reconstruction of the "traumatic fixation" in the advance of both theory and therapy.

The patient was a twenty-seven-year-old man who entered treatment for feelings of unreality, depression, loss of interest in work, feelings of fullness in his head, fuzziness of thinking, choking sensations, a feeling of being stretched as if transected at the level of the diaphragm. The illness began a few weeks before he started treatment following a broken engagement, because his fiancée had criticized his mood fluctuations and his violent shifts in feeling for her. After the onset of symptoms, he thought of leaving his job to write poetry, and sought relief in a series of sexual escapades. After the second such affair, he became panicked by the obsessional fantasy that the girl with whom he had just had intercourse would be found strangled in her room and he would be accused of her murder. The author made a diagnosis of schizophrenia and carried on therapy for four years at three visits a week.

The patient's father was a bitter man who used money to bring his two sons under his control, and who, in the patient's infancy, was paralyzed in the lower extremities, and had to learn to walk with a cane—during the same period when the patient was learning to walk. The mother, jealous and possessive, constantly fought with the father, accused him openly of infidelity, and forced the patient to take sides. He sided with his father, while his older brother sided with the mother. The patient was afraid that the mother would cheat him out of his father's money. He accused her of frank sexual seductiveness toward him since childhood, but also of depriving him of food.

In the therapy, a major obstacle was the fact that the patient did not feel that interpretations really applied to him and often thought the therapist was mistaking him for someone else. In the second year, he began to recall incidents surrounding the discharge of a beloved nurse when he was four or five. Also he vaguely recollected an incident in which he was witness to a horrifying experience as a small boy. At the same time he neglected his job, his bills, and finally stopped paying for his treatment. He was sullen, would be slyly destructive of furniture in the office, denied any anxiety, attempted to prove that therapy was unreal by refusing to pay. When treatment was stopped by the therapist, he rapidly paid the bills and resumed treatment.

He had reported, two weeks previously, a feeling that his head was being twisted from his body, some suicidal thoughts, an episode of doing a headstand in which his thoughts suddenly cleared and the world looked real. He reported a dream in which he was lifting one side of a

small chest from the floor, when the left side of his body seemed paralyzed, and he wondered how he could lift the other side from the floor. Associations led from a cut hand and the fact that his father had never allowed iodine in the house to the bathroom door never having been locked. The author felt that the patient was referring, by this and his symptoms, to a memory of his mother's attempting suicide by hanging. Suggesting this to the patient brought about a dramatic display of affect, marked amelioration of symptoms, and much further material.

In reviewing the case, the author concludes that significant figures in the child's environment denied the reality of the event, prevented repression, and fostered regression to a defense of primitive identification. The affects were then narcissistically invested in the body image. Rosen emphasizes that the case demonstrates the limitation of observation of adults and points to the necessity of reconstruction, and of direct observation of children. Commenting on the structure of the derealization syndrome, the author feels that in the transition from the preoedipal to the oedipal phase, there is a parallel transition from the use of global to more selective identifications by the ego, probably corresponding to the development of certain perceptual processes which make possible a separation of reality from fantasy in regard to the traumatic event. Establishing the question of the actuality of the reconstructed event is of great importance where the symptom of derealization is concerned.

IN THE CHOICE OF LANGUAGE IN THE PSYCHOANALYSIS OF POLYGLOTS
 EDUARDO E. KRAFF (155) demonstrates how the use of a particular language in the analysis of polyglots acts in the service of defenses and provides opportunities for their analysis. The author, who speaks several languages and practices in Argentina, where the knowledge and use of foreign languages is more common than elsewhere, describes five cases, of which two are summarized here.

1. A man of forty-eight came for analysis because of voyeurism. He was of English descent, had lived in Latin America for thirty years, and was married to a woman of Anglo-Saxon descent who preferred to speak Spanish. The analysis was done in English. The voyeurism was connected with a strongly repressed exhibitionism which was rooted in a severe castration anxiety. He feared castration by dominating women, on a superficial level by his wife, on a deeper level by the puritanical and domineering mother. His symptom was motivated by the wish to prove his independence of his wife, but he resisted any interpretation regarding his mother. When the subject of sex came up, he spoke Spanish. He took flight into Spanish to avoid the mother-centered castration fear. In his use of English he preferred words with Latin roots to the Anglo-Saxon

vocabulary of his nursery. The preference for English in the analysis meant a mother transference as did the choice of his wife.

2. A man of twenty-eight was analyzed for impotence. He was a Brazilian who had lived in Argentina since early childhood and spoke Portuguese and Spanish equally well. The analysis was done in Spanish. There was a strong homosexual component which was denied. The impotence meant passive submission to the father which afforded the patient a relatively anxiety free life. Friendly transference as to a more tolerant father resulted in symptomatic improvement. When obscene or insulting associations came up in the transference he spoke Portuguese. In that case the analyst too spoke Portuguese which frightened the patient but made him able to accept a friendly relation to a tolerant father without homosexual submission.

In such cases the choice of a new language was determined by super ego demands while the mother tongue was the language of the id. The author accepts Burbaum's thesis that the use of a second language is an attempt to repress a former ego identity and Greenson's that it is a defense against infantile impulses. It is not always a troublesome resistance but may sometimes serve a useful transference function.

EDMUND BERGLER (28) describes PRACTICAL AND TECHNICAL PROBLEMS PRESENTED BY THE PATIENTS LIES ABOUT THE ANALYST DURING PSYCHOANALYTIC TREATMENT. These lies reflect the mobilization of fury against the analyst and masochistic expectation of retaliation from the analyst. Such behavior the author feels indicates that the patient is not analyzable and he recommends the breaking off of the analysis. This problem is encountered exclusively in psychopathic personalities when the transference neurosis has taken place and the analyst has been unconsciously identified with the infantile object around whom the particular conflict arose. The lying then serves both the gratification of the aggression directed against the analyst and the masochistic hope of retaliation from him.

An illustrative case is that of a twenty eight year-old man who came to analysis because of impotence with a girl friend. He was potent with his wife. The patient demonstrated a marked wish to get which covered a more deeply repressed conflict centering around the wish to be refused. This masochistic orientation was acquired from his mother and subsequently shifted to an irascible dictatorial father. In the analysis the patient's potency was quickly restored but attempts to work out his real inner problems were countered by unrelenting irony. It was not until his girl friend pressured him to divorce his wife that the patient became really involved in the analysis. He then identified the analyst

with his father, but could not accept the transference aspect of this identification. The author feels that this "complete misunderstanding of the transference and resistance on the patient's part" is definitely ominous for the outcome of the analysis.

During this period of the analysis the patient lied to his father about the analysis, asserting that nothing had been changed by the analysis, whereas the impotence which brought him to analysis had already disappeared. Bergler unsuccessfully tried to demonstrate to the patient the basically masochistic direction of his lying, but shortly afterwards the latter, during an analytic hour, accused his father of having lied to him. That same day the patient also told the father that he had lost all interest in the analysis because the analyst had lied to him. Confrontation by the patient of his provocative masochistic lying led to the breaking off of the analysis.

Bergler points to the difficulty in dealing with these lies, particularly since the analyst cannot divulge confidential material about the patient. He feels, however, that they should be contradicted "in general" ways and that interpretation is not particularly helpful at these times. Repetitive behavior of this type indicates a psychopathy of the schizoid variety. Since analysis is rarely successful with these patients, it is best to "ease patients out by gradually interrupting treatment."

PARANOID PSYCHOSIS IN THE TRANSFERENCE, a paper by José Luis González (108) describes a case in which the hysterical symptoms were a defense against the outbreak of the patient's underlying paranoid condition.

In the transference the underlying condition broke through, but only after several years of analysis. This coincided with external events which stirred up infantile disturbances which now appeared full-blown in the transference. The main one of these events was the sister's professional success, which was unconsciously experienced and reacted to as her birth; the sudden bitter reproaches toward the analyst were expressions of her resentment toward the parents, and her reticence (she became secretive with the analyst) represented her secretiveness with the parents when she was exposed to her feared and hated primal-scene experiences. Her infantile anal-sadistic concept of the parental relation came out in terrifying fantasies and nightmares.

Eventually, through the analysis, the patient recovered from the psychosis. The author characterizes the process of recovery in the following manner: "to the extent to which the persecuting object is dissociated and metabolized, the counter-cathetic energies, which were maintaining its isolation, are now being used as object cathexes."

S Nacht Marie Bonaparte S Lebovici S A Shentoub R Held and M Bouvet participated in a SYMPOSIUM ON HOW TO TERMINATE PSYCHOANALYTIC TREATMENT (272) S Nacht in his introduction asserts that if an analysis is really ended its termination poses no serious problem The difficulties arise in the interminable cases either because of the structure of the case or because of technical errors in management In the first instance the analysis has foundered on a preliminary mistaken evaluation of the relationship of the factors involved In the cases which are curable but in which the analysis cannot be brought to an end one usually finds a difficulty in the resolution of the transference neurosis These difficulties may become insurmountable when the patient's infantile needs find ample satisfaction in the analytic situation which may happen even in cases where the classical technique is observed In certain cases the lack of resolution of the transference neurosis may be fostered by a difficulty of the analyst in counterbalancing some of his own personal tendencies including his wish to cure the patient which may be felt by the latter as dangerous or by the analyst's unconscious aggression which may become inextricably intermingled with the patient's masochistic needs An important difficulty may arise from the analyst's inability to sense the moment when the analysis is essentially terminated at which time too rigid a compliance with the analytic rules may well become a source of resistance to the resolution of the transference At this time some changes have to be made in the rule of observing neutrality and the analysis must be oriented away from the transference and toward reality the interpretations should be directed particularly toward the patient's environment the analyst confirming his own reality as separated from the fantasy roles attributed to him by the patient This is also a time to place the emphasis on what the patient should do on his actual behavior Nacht emphasizes that this should not be confused with an active attitude in the sense of Ferenczi but is merely a shift in emphasis which tends to undermine the patient's libidinal fixations and does not run the danger of fixating them further as may well happen if the analysis is carried on the same plane to the end An essential part of this plan consists in establishing a less artificial and fixed relationship between the patient and the therapist and placing it upon an adult basis Even if these precautions are taken the transference neurosis may be difficult to resolve in patients with severe masochistic difficulties

In patients who have been seriously traumatized and whose ego is functioning poorly—particularly when this is based on abandonment or frustrations which have caused severe anxieties concerning bodily destruction and castration—some gratification may be given to the pa-

tient, but with great care, in the sense of more frequent interventions by the therapist, lengthening the sessions or increasing their frequency. In this way the therapist becomes a giver to the patient, yet, all these measures will come to naught unless the therapist really is a "giver." If this is not really so, such patients will sense the reality behind the façade, with disastrous results.

Sometimes the analyst himself fixes the termination date of an analysis which appears interminable. This may be necessitated by the hope that under pressure the patient will either produce material which is still concealed or will 'fight' against the persistence of the transference neurosis. In the former case, the usual analytic technique should be maintained, whereas in the latter it should be modified as outlined above. In certain cases where the termination date has been set by the therapist, it may occasionally be considered desirable to go on after this is reached. The analyst should not be afraid to lose face in such a circumstance, in some cases Nacht has either continued the analysis directly or resumed it after a few months without harmful consequences.

Nacht summarizes the views of the discussants as follows: difficulties in analysis are caused by a serious transference neurosis resulting from technical errors in the handling of the transference and the counter transference. In these cases some technical modification may prevent or reduce the transference neurosis and favor the evolution of the treatment toward a satisfactory end. Poor results in the treatment are imputable to the analyst's real attitude.

Nacht further states that to call an analysis 'difficult' may be equivocal, as an analysis may be difficult without being either insoluble or interminable, the cases he refers to are only those which are made difficult by a serious transference neurosis.

He elucidates further on his conception of the analyst's "presence," during most of the treatment the analyst should be as self-effacing as possible, but when the patient seems on the point of hesitating between making a new libidinal investment and maintaining that which ties him to the therapist, at that crucial moment the attitude of presence is mandatory. At this point the analyst ceases to be the mirror wherein the patient's fantasies are reflected, and becomes a living reality.

As to the question of the therapist's 'goodness,' there is more to it than sympathy, lucid strength and deep understanding. Certain cases—and only such cases—feel a need which they cannot renounce at any cost, for an unending goodness which is totally oriented toward them and which they feel to be the only possible means of repairing traumatic preoedipal relations: the psychoanalyst, as a maternal substitute, is the only one who can offer this gift. For these patients this is the essential

problem. They need to feed on this goodness to assimilate it so that they too, in turn, may become "good." Nacht is convinced that this is the essential factor. Whereas the other problems and the means to resolve them are of secondary importance.

From the standpoint of THE CRITERIA FOR ENDING PSYCHOANALYTIC TREATMENT, R. HELO (129) takes up the problems related to countertransference, to the analyst's intuition of the proper time for ending treatment, and to the liquidation of the transference.

He classifies countertransference reactions into general and specific ones. Countertransference problems may be related to the analytic situation in general, these include cases where the analyst tries to avoid narcissistic injury to himself either by trying to force the success of an analysis, or by letting the patient go too soon in order to avoid the possibility of failure, also cases in which the analysis is disturbed by either the patient's prominence or lack of it, because of money or availability of time. Specific countertransference problems may arise at the time of the termination of the analysis, when a shift in the analyst's attitude (in the sense of the analyst's "presence" as described by Nacht) away from end less reinterpretation of the transference and from highly regressive material becomes desirable. In these cases even a well analyzed analyst may become somewhat anxious. However, if the analyst is aware of the possibility and notices this anxiety, it is not necessarily a serious hindrance to the treatment.

Exercise of the analyst's intuition is necessary to seize the best moment for the termination of treatment. To be intuitive he must share in the patient's regression to some extent and yet maintain his objectivity. The author is highly critical of the assumption that analytic intuition may have anything to do with telepathic phenomena. He believes that analytic intuition is nothing but the result of a large number of impressions—partly conscious and partly unconscious—which accumulate without our conscious knowledge. It is as if there were a very slow summation of many little observations—a configuration which finally becomes conscious when it has reached a certain threshold.

The author then discusses the liquidation of transference as a criterion of cure and warns that residues are perfectly compatible with a good analysis when they correspond to the introjection of ideal parental images which are neither too weak or neurotically tolerant, nor too severe. In fact such residuals represent a valuable psychic asset and a sort of immunization against possible future traumata. At times these residuals are tinged by strong ambivalence, in these cases the wish to

see the analyst is dictated by the need for reassurance that aggressive wishes have not borne fruit.

IN SETTING A TERMINATION DATE: AN IMPETUS TO ANALYSIS, MARTIN H. ORENS (202) presents a patient whose most pressing conflict during the analysis related to the female castration complex. However, only after a termination date was set did significant material emerge concerning her preoedipal fear of separation from the mother and the unconscious meaning of the analytic situation. In the course of analysis the analytic situation itself may take on special meanings quite apart from obvious transference manifestations. The only time when these gratifications can be frustrated is when a termination date is set. These last weeks may be particularly fruitful because of the heretofore denied insights that can be obtained.

The patient presented was a young married woman with a postpartum depression of a year's duration. She was the youngest of three siblings, with two older brothers. Throughout her life she had experienced mild transitory depressions because of her feelings of inferiority to her brothers. In her attempts to emulate them to gain her father's attention she felt consistently unsuccessful. She also felt consciously competitive with her mother. The latter's death threatened to gratify her oedipal wishes and precipitated her into marriage. She soon became pregnant and felt better than she had ever felt in her life. However, she was disappointed at giving birth to a girl and became depressed.

Most of her analysis was concerned with her castration complex and penis envy. She became pregnant partly in an attempt to satisfy her wish for a penis. She felt exceptionally well during the pregnancy because she had the longed-for phallus, but then delivery was interpreted as a castration, and also the gift that she had readied for her father was worthless because it was a girl. She consciously wished that she could be perpetually pregnant because only then did she feel really satisfied. With the analysis of her castration fear, her symptoms gradually disappeared and she became pregnant again and delivered another girl, but this time without depression.

It became evident that there was something about the analysis itself that acted as a nullification. About a year after the start of analysis she dreamed of having poisoned her father, husband, brothers, and child. Her associations related to being completely taken care of: "I guess I was really complete only when I was still attached to my mother." One wonders whether or not the idea that a lack of a penis meant "incompleteness" was not a later construction derived from the incompleteness she felt as a result of separation from the mother in the oral period.

All her rivals for her mother were males and perhaps it is from this that she conceived the idea that the penis is necessary for a reunion with mother. Thus, pregnancy was not only the acquisition of the desired phallus but a reunion with mother, and delivery became, in addition to castration, the repetition of the original separation from mother.

The analytic gratification was not uncovered until a definite termination date was announced. This acted like a frustration of the transference. It was then seen that, in spite of conscious statements to the contrary, she did not wish to leave analysis. Analysis was the longed for perpetual pregnancy in which she was not only able to get the penis but to be reunited with mother. Thus the end of analysis was not only her castrating delivery again but her own birth and the dreaded separation from the mother.

II PSYCHOANALYTICALLY ORIENTED PSYCHOTHERAPY

Contributions to this section lend themselves to the following subdivisions: (1) a report on a panel on the relationship between psychoanalysis and psychotherapy, (2) two papers of a general nature discussing changes in the goals and methods of therapy because of internal changes in the structure of psychoanalytic concepts and the other taking up the problem of such changes from the standpoint of changes in the cultural milieu, (3) papers on transference and countertransference in analytically oriented psychotherapy, in a general sense and in specific conditions such as psychosomatic disorders, schizophrenia, problems of old age and those concerning sexual differentiation, (4) psychotherapy in specific conditions—schizophrenia, paranoid personality, and elderly patients, (5) group psychotherapy, (6) a paper on a specific technical procedure, use of "the favorite joke."

A Panel on PSYCHOANALYSIS AND PSYCHOTHERAPY (211) was held at the Midwinter Meeting of the American Psychoanalytic Association. A previous panel on the same subject had taken up the problem of the choice of the type of psychotherapy in individual cases; this year's panel directed its attention to the psychology of the psychotherapist. Sydney G. Margolin, working both from the available literature and from conversations with about forty analytic colleagues, delineated the general background of the psychology of the psychotherapist. He utilized the metapsychological format, looking first at the genetic and dynamic factors in the therapist's choice of his role. He noted the general view that

the same psychology characterizes the patient and the therapist, the essential factor distinguishing the therapist being his ego steadiness or the resiliency of his ego boundaries whether topological or structural. In his conversations he found the following biographical facts with sufficient frequency to justify further exploration:

'a) An early childhood illness either of the analyst or of a sibling with archaic death fantasies or separation from mother b) In latency, again severe illness of mother or her substitute with death fears and death wishes. Several colleagues reported depressions in their mothers c) There were several replies which indicated that psychoanalysis was an alternative to a creative artistic career d) On further exploration there were several who appreciated an associative link between necrophilic fantasies and many of the ritualized practices of medicine and of psychoanalysis (cf Lewin, Fliess, Róheim Abraham). He also noted as motivations sadism and its representation as compassion and therapeutic ambition, scopophilia, and identification with the patient and with the pregenital mother imago.

Continuing the metapsychological formulation, he commented on the actual nature of the gratifications in doing therapy, the economic factor, and the structural factor—the complex of defense mechanisms which contribute to the therapist's effectiveness of functioning. And finally, in reviewing the effects of such practice on the personality and psychosomatic functioning of the analyst, he asked, What is the shifting economic gain in the analyst which will permit him to allow his patient to mature and grow in the psychotherapy and finally terminate his analysis: able to work and able to love? Is the period of treatment a kind of recapitulation within a relatively brief time of a lifelong history of a parent-child relationship?

Some discussants immediately questioned the validity of the unconscious sadistic scopophilic, and necrophilic drives or at least of their clear relevancy to the therapist's participation in the interaction of day by day interviews. Were there other more positive motivations, such as satisfaction in combating destructive situations, in achieving constructive solutions in solving 'the best puzzle there is' (This discussion implied, of course, the existence of relatively autonomous ego drives.) Cultural factors influencing the universal unconscious drives were noted: a therapist particularly in the thrall of social mobility patterns might see therapy more as a kind of push button engineering or manipulation than as a growth-releasing husbandry.

There was more general affirmation of existence of creative artistic satisfactions in doing therapy, and quite unanimous agreement that therapy is in fact the recapitulation of a parent-child relationship, and

that this is particularly characteristic of our function with present day patients. Agreeing that our job is that of acting as a new parent permitting a 'new beginning' for the patient, and in establishing of new experiences in growth for him we may feel embarrassed on several counts. We have been so used to noticing all the dreadful things that parents have done to these patients that we may shy away from the parental role rather than reclarifying its creative aspects. We know the diversity of values in our culture, are not sure our values would be necessarily good for the patient and so are uncertain. We fear a continuing parental relation—not so much that we will cling to the oedipal child, but that we might not recognize his need to move ahead out of the adolescent stage. Again in our culture which puts such unique emphasis on separation and independence we may feel uneasy if the patient continues to need us. We wonder if there should not be a complete resolution of 'the transference' and a disappearance of the patient. Yet just this kind of permanent—but intermittent—reliance like that on the family doctor, may be a necessity to many patients in psychotherapy.

O. Spurgeon English then presented a case of brief psychotherapy, with emphasis upon his own participation and supporting the thesis that the pattern of dynamic psychotherapy need not be modeled too strictly on classical analysis, but that analytic knowledge may be used freely and flexibly for best results. This patient was a periodic drinker, capable and quite successful but threatened recurrently by his employer with dismissal and by his wife with separation. To the former he was a sycophant, at home he was the heavy handed irritable disrupter. In many ways he seemed to be aping his strong, Teutonic, abusive heavy drinking father. He had to drive 150 miles to see English, he had previously consulted two psychiatrists who had assured him he had no real problem and did not need treatment.

English, in the first interview, told him that he did have a problem and that the fact it had gone on for years unchanged in spite of a good marriage and good working conditions denoted a fairly serious personality problem but that it could be helped. He made these statements knowingly and with emphasis because he did not believe the man to be an alcoholic personality. He was impressed with his wellness and his constructive potential rather than his sickness. He judged that the man was ready for a change that he admired the stable and strong but thought himself too weak to achieve this, and he felt the man was suggestible and needed an optimistic authority figure to carry him through the ensuing vicissitudes.

After fifteen appointments the results were most gratifying. He won a position of mutual equality with his employer, and in asserting him

self was surprised to find that the employer was not the irritable father he had believed him to be. The quarrels with the family had been dissolved. There was one moderate drinking lapse in three months.

The psychoanalytically trained discussants quickly pointed out the pitfalls and dangers. The patient is showing the familiar transference cure of the honeymoon phase of analysis. He sounds like an "as if" character who makes identifications easily but not lastingly, and who may emerge as a person essentially empty but for a psychotic vindictiveness. Since he sets so much store by how well the present is going, will there not be a terrific let-down if he retrogresses? It was pointed out that English had utilized his psychoanalytic knowledge in becoming a kindly superego, a different parent, and a sort of "drinking companion." English replied that he did not plan to stop at this fortunate juncture. At the moment he and the patient are pretty enthusiastic about each other. He does not know what will happen, it depends on how gratifying it proves to the patient to behave himself, and whether his wife can act psychotherapeutically. The weekly all-day therapy trip may replace his spree with his boon companion. If he slips the therapist will try harder; he will increase the dosage, clarify what is known about the dynamics and ally himself with the part of the patient that wants growth. He contrasted this attitude with that of the resident trying to show competitively that his psychotherapy is 'just as good' as psychoanalysis and is thus hampered because he must not commit himself until he first understands the dynamics, is sure he sees everything and is prepared to make interpretations of analytic elegance.

In describing what seemed to have happened, discussants noted that a natural developmental process had been gotten back on the road via identification and introjection. English assumed the old role in the patient's life which he needed, but had redefined it. He told him that he did not need to follow the German authoritarian father pattern here, that there were other ways of showing strength than aping his father's domineering skills and that as a matter of fact if he wanted to please his new father, he should grow up and be independent. English was not afraid to move in with authority, and to permit identification with himself—the former being easier for us to do with patients than the latter. If we do not feel secure in our own identity, we may become anxious when the patient seems to invade or introject us and may fear disruption or losing part of ourselves—whereupon the patient becomes anxious too.

In addition, English had been able to see that the shame of the man about his past could be changed into pride about his future. He kept his focus on the man's shame and his growth potential rather than on his hostilities which were vengeful and involved self-destruction. But once a

growth process is started it is hard to stop at any given point and it may go forward into new crises and emergencies which will have to be handled if the equilibrium is to be maintained. In particular the patient will have to work through to a genuinely new relation to his wife mother and crystallize a new role with his children.

As a conclusion to the panel John P. Spiegel outlined a method for defining dynamics of interaction in small units of therapeutic transaction. This involved for each occasion or unit of interaction a statement of the explicit assumed role of the therapist and the same for the patient followed by inferential deduction of the apparent implicit role of the therapist (e.g. as a frustrated parent) and the implicit role of the patient (e.g. as a defiant son).

IN GROWTH INERTIA AND SHAME: THEIR THERAPEUTIC IMPLICATIONS AND DANGERS. ROY R. GRINKER (117) points to the expansion and change of the goals and methods of psychoanalysis as a result of increased understanding of the importance of the earliest mother-child relationship. We not only deal with bisexuality and the oedipal conflict but are often faced with threats to the ego boundaries of psychotic proportions. We recognize primary core processes which are unchangeable.

Three case histories are presented to illustrate the thesis. The first described a young boy who defended himself against his passive needs by being a big shot. When his passive wishes were finally approached a marked regression occurred to a psychoticlike state. His demanding behavior was ego syntonic and without shame.

The second case was that of a young ambitious girl from whom too much had been expected in childhood. She could not fulfill her own ambitious plans nor could she accept a passive retreat from the struggle. She showed an intense shame associated with depression as a reaction against a profound incapacity to grow and mature to the degree and speed expected of her at each age. She ended by committing suicide. Retrospectively her suicidal impulse might have been recognizable through a series of technicolored dreams.

A third case of an angry aggressively independent girl further illustrates the thesis that shame results from the patient's failure (inertia) in realizing growth potential. This shame may lead to self-destruction. The therapist must be aware of these dangers in order to avoid mortality or morbidity.

IN ORDER AND ORIGIN: THERAPEUTIC ATTITUDE AND GOAL. GUSTAV BALLY (14) claims that the role of the family as the social agency for the transmission of traditional values is undergoing a constant devalua-

tion There is a shift from paternal to maternal problems, from authority to love conflicts, from oedipal crises to a complex of loneliness The psychotherapeutic postulate of adaptation to reality can no longer be accepted Instead, psychotherapy has to look for more fundamental and original elements in the emotional sphere Bally thinks that since Freud's time the social scene in Europe has undergone very significant changes, which call for a re-examination of some of Freud's concepts, especially the oedipus complex, the transference, the therapeutic situation, and the goal of psychotherapy

Psychotherapy is seen not as a medical technique, but as a medical art, which leads the patient toward a meaningful mode of life (*sinnvolle Daseinsweise*) Freud and his time saw as the goal of treatment the adaptation to the external world The way to this goal was for him a therapeutic situation determined by the transference, which meets with an objective attitude of the analyst who represents reality Bally widens this concept to what he calls "*menschliche Zuwendung*" It means the patient's expression of his need toward the therapist as a human being and the therapist's reciprocation in the form of a warm, loving, human interest This view puts the oedipus complex in the wider framework of a social situation The family order of Freud's time no longer exists Whole populations are unsettled, social forms foreign to their tradition have been imposed upon peoples, the old family structure is dissolved, state and social institutions have assumed many of the former functions of the family (Bally speaks about 'European man' without specifying any countries) Along with this goes an inner disintegration of family life The members of the family are united more by material and class interests than by love The intimate atmosphere of the family is gone and so is the authority of the father The oedipus complex is superseded by this process The ability to love appears deteriorated, so that divorce has become an institution People are lonely, homeless strangers, who suffer from a complex of abandonment and of existential anxiety This is their suffering that brings them into therapy Their need is what Bally calls '*Menschwerdung*,' 'becoming human,' finding the way back to the origin of human existence which is, in Bally's view, the love of the mother 'Man is born not as man, but to become man' He exists only in so far as he is connected with others by love Freud's view of Eros here assumes a wider horizon

This concept of the therapeutic relationship as a motherly form of '*Zuwendung*' (literally, turning toward) applies particularly to the treatment of schizophrenics While the patient presents the therapist with his delusion the therapist, too, may be under a delusion, a scientific one, if he tries to meet the patient with the premises of a scientific

doctrine Both can meet each other only on the ground of human fellowship (*"mitmenschliche Verbundenheit"*) The therapist's motherly care leads the patient to the origin from which he can realize his life and perceive the world

In a paper full of psychoanalytically based suggestions to the general practitioner, *THE DOCTOR, HIS PATIENT AND THE ILLNESS*, MICHAEL BALINT (13) stresses the therapeutic impact of the physician Metaphorically he sees a doctor as a drug which has to be considered in the same light as any other pharmaceutical agent—its dosage its side effects its indications, and its contraindications

Balint feels that the physician's role has become more important as urbanization with its subsequent isolation and loneliness of the individual, has increased Because of this and the tendency for emotional stress to express itself as bodily sensations, the physician becomes an outlet, for the patient uses him to 'complain' The author stresses that the complaining may be more significant than the complaint itself The physician's response to the complaints has important consequences

In describing a number of cases handled by the general practitioner, Balint points up a number of crucial decisions the physician must make in the course of his contact with the patient Under what circumstances is he justified in probing into the patient's emotional problems? Where should he start such probing? When should he stop? To what material in the patient's history or complaint should he respond? Or what should he ignore? When should he call in a specialist, a psychiatrist? The patient, through his various complaints, offers or proposes a number of different illnesses which may be either psychological, physiological or both The doctor, by his responses and interest selects some of these propositions and abandons others The doctor's choices are not necessarily dictated only by the patient's needs and interests but also by the former's idiosyncrasies which produce a certain restriction of freedom

This tendency the author refers to as the 'apostolic function' The doctor has a set of fairly firm beliefs as to which illnesses are acceptable or not, and further, each doctor has certain standards as to how much pain suffering fears, and deprivations a patient should tolerate and when he has the right to ask for help or relief, how much nuisance the patient is allowed to make of himself, and to whom in his environment These beliefs are hardly ever stated explicitly, but are very strong They compel the doctor to do his best to convert, if possible, all his patients to accept his own standards and to be ill and to get well according to them' This 'apostolic function' has both private and public sources. It is publicly accepted that the doctor should 'strip the patient physi-

cally in conducting an examination, but there is considerably more resistance to his 'stripping' the mind of his patient. More significant, Balint feels, are the 'private' sources of this apostolic function. These are the expressions of the doctor's individuality, personality, and conflicts.

Balint briefly applies these concepts to the psychoanalyst and the psychoanalytic situation. He points out that in many ways the analyst is better prepared to deal with the patient's "propositions" because of the particular emphasis in his training and the relative abundance of material in the psychoanalytic literature which deals with the technique of handling them. Yet, to think of the psychoanalytic process only in terms of the patient and his illness, without regard for the analyst and his interests, would be erroneous. He points to the gradual change of emphasis in psychoanalysis from the actual neuroses to neurotic character disorders to the significance of depression, paranoia, and other psychotic mechanisms. The author doubts that this shift can be explained only as a change in the patient's material. He feels rather that the analyst's apostolic function has changed so that his concept of where the most important part of the analytic work has to be done has shifted. It is important, therefore, that the analyst submit his own technique to the same sort of scrutiny which he applies to his patient's propositions. This would permit him to focus 'attention, interest, and libido on that proposition by the patient where the prospects of real therapeutic help for him are optimal.'

IN *TRANSFERENCE AND COUNTERTRANSFERENCE IN PSYCHOTHERAPY*, MORRIS W. BRODY (41) defines psychotherapy as the unfolding of an interpersonal relationship in which transference and countertransference are utilized to achieve the therapeutic aim. The therapist's personality is the most important agent of the therapeutic process. It is therefore necessary that the therapist always be aware of his own feelings and know whether they are appropriate to the current situation or have originated in the past. If the therapist cannot do this, he cannot expect therapeutic success.

A number of illustrations are given. In one, the therapist reacted to his patient by describing him as 'a typical Rotarian.' This derogatory attitude was traced to the therapist's resentment of his patient's obvious wish to be free of all responsibilities.

It is erroneous to believe that the therapist maintains a neutral attitude and never reacts to his patient. No human being can remain so impassive. No patient would get well if the therapist were so devoid of human feelings even if all interpretations were correct. The therapist

may have hostile or positive feelings toward the patient. A fear of recognizing these feelings may give rise to inappropriate responses such as freezing into impassivity, excessive kindness, or excessive hostility. Any therapist unable to manage his own hostility is unable to help patients manage theirs. The therapist is always influencing the transference situation and he may as well influence it favorably by being at ease with himself and not trying to be something he is not. The therapist must be capable of intellectual honesty which is achieved through free access to his own unconscious motivations in the course of his own analysis.

IN TRANSFERENCE IN MODIFIED ANALYTICAL THERAPIES SUPPLEMENTARY COMMUNICATION SAMUEL LOWY (182) states that two kinds of transference can be observed in analytic therapy. One is stereotyped, repetitive, and limited in its components; the other is varied and plastic and represents therapeutic progress. The former seems to be dealt with more in orthodox analysis; the latter in modified analytic therapy. In modified analytic therapy such as is conducted in an outpatient clinic, the problems that arise in performing this type of treatment and in dealing with transference manifestations as they appear in this type of treatment result from the setting, the authoritative role of the therapist in the outpatient clinic setting, the infrequency of appointments which permit various types of resistance and manifestations to develop. Accordingly, various modifications of the usual analytic technique are required.

The first modification of the usual type of analytic treatment is that a positive attitude toward the therapist is absolutely essential and must be not only permitted to develop but encouraged and fostered. This requires special care in the initial phases to allow the positive feeling of secure reliance on the therapist to develop as quickly as possible. As part of this care must be taken to avoid placing a burden upon the patient too early by indicating that he is required to understand and explain various neurotic symptoms and reactions. To prevent his being too threatened or repulsed by early introduction of and confrontation with deeper material, interpretation must be either avoided or confined to more superficial material. Also, the patient's naive belief in the therapist's wisdom and expertness and the promise that he will help the patient with all his difficulties must be permitted to develop early and not be dealt with too stringently in order to maintain the positive relationship necessary for the modified analytic therapy.

Despite the fact that this positive dependence and exaggerated appraisal of the success of the treatment and the power of the therapist must be encouraged in the initial phases of this modified analytic therapy, it is also important that these ideas should be dispelled before they settle

into some sort of neurotic fantasy type of reaction which will focus on the relationship to the therapist and the treatment. However, in clarifying this with the patient and in enabling him to get a more realistic view, care must be taken not to arouse too painful or negative feelings. In line with this the patient's guilt should not be relieved too quickly and he should be helped to understand that a sense of guilt is an important part of his personality and must be adjusted to. The same would be true in dealing with certain narcissistic magical beliefs of the patient in his own powers and ability. These must be corrected, but in a careful way so as not to arouse too negative or painful a reaction.

Because of the authority invested in the therapist in an outpatient clinic and because of the infrequent treatment sessions, patients find it difficult to express critical and negative feelings toward the therapist. Therefore the patient must be helped to verbalize these resentments and at times the therapist must verbalize them on the patient's behalf. This same direct approach must be used in other aspects of the modified analytic therapy. Suggestion, therefore, should be employed properly in helping the patient obtain relief of symptoms. In order to facilitate the production of material, it is often necessary to insist that the patient concentrate on certain subjects rather than allow a free flowing stream of material. Thus the patient may be asked to concentrate on various memories, on becoming aware of fantasies, and on the discussion of dreams. Finally, if necessary, some sessions may have to be conducted in superficial hypnosis in order to elicit material or enforce suggestions.

These abridged, and greatly modified analytic techniques illustrate the variety of affective responses that are more or less distinct from the transference proper. They are part of the relationship in the treatment, but the type of transference that appears in this modified analytic therapy is different from that seen in the orthodox analysis. Spontaneous transference does occur in the modified type of treatment and when it appears it must be modified and frustrated by measures and techniques that facilitate the re-education and active methods of the modified analytic technique.

J. BASTIAANS (18) gives a report which is a continuation of previous communications by himself and his co-workers on SOME PROBLEMS OF THE TRANSFERENCE IN THE TREATMENT OF PSYCHOSOMATIC PATIENTS. In the psychiatric and psychoanalytic treatment of these patients, the transference is initially characterized by a narcissistic pregenital type of resistance and later is determined by several factors going back to childhood, as well as by multiple aspects of the superego and ego-ideal formation.

The transference reactions of these patients have to be handled very

carefully and different patients with different psychosomatic conditions need different approaches e.g. the ulcerative-colitis patient needs a somewhat more definite and authoritative approach, while the asthmatic is extremely sensitive to any attempt to impose regulations upon him.

It is the strict superego of the patient with the psychosomatic condition which imposes on him the rigid 'normal' outward aspect. As a result, the author does not feel that there is much possibility for ego development in these patients. Furthermore, different groups of psychosomatic patients show different aspects of the ego-ideal part of the superego, and this may have some bearing on the problem of psychosomatic specificity. The superego is shown in multiple aspects' and these appear in the transference in the relationship to the surgeon, physician as well as to the analyst. Initially, this splitting of the transference must be tolerated in analytic treatment, and in addition the analyst may have to employ a more active and flexible approach.

Finally, the author believes that in the psychosomatic patient emotional tension and anxiety are projected consciously and unconsciously onto the 'body ego'—to a part of it as a special organ, whereas in non psychosomatic patients with depersonalization, the tensions are projected onto the entire body. Thus the psychosomatic patient may be said to suffer from a partial depersonalization, which is localized in the body ego. In treatment it is necessary to explore the meaning of these projections and to attempt to shift the projection of emotional tension from the organ onto the therapist.

As introduction to *THE MEANING OF TRANSFERENCE IN SCHIZOPHRENICS* FRANÇOIS PERRIER (221) mentions a clinical fact—the schizophrenic does not recognize himself in a mirror—and a theoretical point made by Freud to the effect that in schizophrenia verbal representations prevail over object relationships in the sense that when object relationships are abandoned the investment in the verbal representation of objects is maintained. The meaning of transference in schizophrenia is explained on the basis of its imaginary character, and the nature and original role of language in this situation is emphasized.

It is customary to explain the violent affective manifestations which characterize the psychotherapy of these patients in terms of object relationship. This does not take into consideration the intimate bond which unites the schizophrenic to his doctor. The author starts from the Freudian concept that the schizophrenic is no longer capable of investment in objects, at least initially.

To explain the inability of the schizophrenic to recognize his own image in a mirror, we say that this symptom shows that the patient

has rejected and lost his ego. This typical situation is called the "stage of the mirror." It corresponds to the stage when the child becomes able to identify his mirror image as the first form of himself which gives him the sense of his totality, of his spatial existence in a world which from then on he can differentiate from himself. This image is the first matrix of the ego, this situation is the first Gestalt of a narcissistic relationship. This implies that to have an ego means to recognize oneself in the mirror. The schizophrenic is at the stage where the subject does not differentiate himself from the world.

The first relationship established with the schizophrenic occurs in the midst of this primitive undifferentiation. At that stage the patient when hungry will give a piece of fruit to the doctor and will state that the doctor is hungry. This indicates that the patient is unable to differentiate himself from the mother-food complex others represent for him. This is a prenarcissistic rather than a narcissistic stage. This projective kind of identification is well known. Susan Isaacs writes, "As the patient sees it, the personality, the attitudes, intentions, even external characteristics and the sex of the analyst vary from day to day, from moment to moment according to internal changes in the patient, which is to say that the relationship of the patient with his analyst is almost entirely an unconscious fantasy."

At this stage Perrier does not conceive of the patient as having object relationships like the neurotic, but rather as having an imaginary relationship on the basis of undifferentiated prenarcissism, as the patient does not accept himself as a subject and of course even less as an autonomous subject. In this kind of primitive relationship, the therapist corresponds to the imago, the alienated ego of the patient, which explains why some of these patients remain in a state of extreme dependency, being apparently alive only during the therapeutic sessions.

Language for the schizophrenic has a very particular function. At the beginning, the schizophrenic does not speak to anyone because he does not speak for himself. Language is not communication for him but a mode of existence in itself. Freud tells us that for the schizophrenic, investment in verbal representation represents an effort to find the lost object and that consequently it is a restitutive process. In speaking, the schizophrenic engages himself through verbal representation on the path which leads to the object.

As long as the schizophrenic is alone, he can lose himself in a world of symbols, a world without dialectic. But as soon as a listener (the psychotherapist) appears whose presence cannot be denied, the patient's productions, no matter how absurd, return to the realm of communication. Through this new dimension of language we see the meaning of the

schizophrenics refusal to be himself in the world which centers itself in the psychotherapeutic process. The patient remains the skeptical spectator of something which happens within himself and thus reveals his profound detachment from reality. He does not ask for anything not even for agreement. He does not want to make himself understood because he does not want to understand himself. The therapist's role is first to refuse all complicity in this sterile game and to find the meaning of what the schizophrenic says in spite of contradictions and mystifications. The schizophrenic works so actively to destroy his image because it has some meaning to him in spite of everything. In the author's opinion the handling of language constitutes the essence of therapy.

Through the mirror response technique the therapist feeds back to the patient what is perceived as meaningful in his productions. Even though the schizophrenic may pretend not to understand the therapist must represent truth. This occurs in the midst of hostility. At this stage the patient discovers what is alienating in his own ego when it is mirrored in another person. Thus he is unable to deny the existence of this ego.

The patient's aggression born out of frustration will express itself first in verbal retention. After proper interpretation this retention gives place to richer and more spontaneous production. There follows a period of explosions and barrages when words become verbal projectiles aimed at the therapist. The patient opens or closes himself to the medicine of language which the therapist tries to inject in him. It is on this plane that one may speak of some sort of object relationship or of verbal object exchange.

But whether it is on the plane of ego image or in the dimension of the meaning of language the schizophrenic will make an effort to refuse the reintegration and reintroduction of what he accepts only in us. That is what characterizes the psychotic transference. On the level of language the patient refuses to see the sense of his own productions but gives the therapist the responsibility of recognizing the significance of his words. The last and fundamental resistance is the symbiosis which the schizophrenic demands. If we accept this symbiosis the patient will be ready enough to cure himself through us. Many therapists taking at face value a clinical improvement have believed that they have cured a schizophrenic when the patient had only cured an image of himself in the therapist. We must go further and allow the patient to submit himself to the test of reality by giving him back the initiative. At this point the patient still refuses to accept the reconstituted image of himself. Transference enters its most disturbed phase. aggression is expressed with great intensity. At this point it is the therapist whom the patient wants

to destroy. In this critical period, we must confront the aggression of the patient without accepting or encouraging it. The patient seems to be worse and the hostility of the environment, family or hospital, expresses itself in the form of interference with the pursuit of psychotherapy. At this particular point also, countertransference manifestations show themselves in the anxiety and discouragement of the psychotherapist. But more than ever must one hold fast to help the patient discover his human future.

GERHARD RUFFLER (244) in *EVALUATION OF THE TRANSFERENCE WITH REGARD TO THERAPY*, reports on 182 analyses or exploratory analyses which were undertaken in a clinic on patients from a lower social level who did not come for treatment on their own account but were referred by physicians mostly because of psychosomatic conditions. They were also unable to pay, and the therapist had to help them actively, with recommendations and certificates to make the treatment possible. The spirit of the German system of socialized medicine prevailed in so far as the patients made great demands and offered little cooperation. Simultaneous physical ailments furthermore necessitated much activity of the therapist. The majority of the treatments lasted less than fifty hours. Transference and countertransference played a noticeable part only in seventy-seven treatments; the others ended for external reasons without ever having developed a workable transference. The impression was that external difficulties served as rationalizations for negative transference. The problem therefore seems to be to find for these patients an adequate technique which favors a usable transference. More consideration should be given to sociological points of view.

JOOST A. M. MEERLOO (188) discusses *TRANSFERENCE AND RESISTANCE IN GERIATRIC PSYCHOTHERAPY*. Because of the special situation of old age, special techniques in psychotherapy adapted to it are necessary.

Old age may have a psychological advantage. It can be a time of ripe experience and inner wisdom. Emotions repressed in childhood return. There are increased sensitivities to environmental influences, changes in the body image and features of a traumatic neurosis with continuing trauma represented by feared or wished-for death.

Because the therapist is usually younger, he will represent a mixture of child and parental images to the patient. The transference need not be resolved. Such patients should feel free to return at intervals decided by them. In old people the past can be explored in the service of self-understanding and self-acceptance. Free association is experienced as liberating the patient from fear of chaos and loss of control.

Resistance is dealt with by benevolence and mitigation of an over severe superego. This is particularly important in dealing with resistances manifested in reactive and agitated depressions. Complications are introduced by resurgent id feelings which conflict with rigid superego formations. Intellectualized interpretations are utilized. It may be advisable to attempt guided readaptation to changed bodily feelings.

IN PRINCIPAL DIFFERENCES IN THE TRANSFERENCE OF MALE AND FEMALE PATIENTS, F. KRUSE (157) presents some of his experiences in analytically oriented psychotherapy. In a first phase of the treatment the transference of male and female patients is uniform. They see in the therapist a father figure, idealize him, and live in a feeling of security and being cared for, which they either had or should have had in childhood. At the height of this phase a change occurs and, with the progress of the cure, the transference becomes different and sex specific. The male patient enters into a contest with the father and develops his manly independence or superiority. The female patient starts seeing in the therapist no longer a father but an idol of manliness in general. She develops her feminine loving dependency on the therapist or even motherly devotion to him. She unfolds her femininity which was inhibited or denied, as the male patient unfolds his masculinity. The author states that these are his personal experiences, which could be different with different patients and with the sex and personality of the therapist.

HAROLD F. SEARLES (252) takes up the question of DEPENDENCY PROCESSES IN THE PSYCHOTHERAPY OF SCHIZOPHRENIA. The schizophrenic, according to the author, seeks another person who will demand nothing from him, but will gratify all his needs, physiological and psychological. These dependency needs evoke anxiety, the sources of which are not only the needs themselves, but long standing defenses against them, together with their inevitable frustration. Since hostility, self hatred, and guilt are among the defenses, needs may be fulfilled only in case of physical illness or emotional desperation. Further, the dependency needs provoke anxiety because they make the other person seem frighteningly important. This is because of the regressed state of the schizophrenic's emotional life, his need for the therapist as a bridge to reality, his lack of personal values, his imprisonment in the present, which makes him look to the therapist so that he will be able to live in the present, past, and future, and his need to maintain an oral attachment to facilitate his utilization of projection and introjection as defenses against anxiety. Another source of anxiety is the fear that dependency needs will

lead to taking in harmful things, losing identity. In other words, the voracious need impairs the judgment about what is taken in, and may lead to taking in so much that the self will be lost, or the schizophrenic may lose his identity by being devoured.

A further source of anxiety about dependency needs arises from the schizophrenic's perception of the object as hostile and rejecting. This may be the result of projection. In the therapeutic process, the dependency needs come to the fore, and then the impending expectation of hostility at their frustration is projected onto the therapist. It is then felt that it would be folly to depend upon the latter. The schizophrenic's ambivalence causes him to project hostile and positive feelings in rapid alternation. The threats posed by both constitute another source of anxiety about dependency needs. Further, the patient perceives the therapist as hostile because of his suspicion of all objects. Because of his equation of wish and act, the schizophrenic expects that there will be retaliation. These feelings arise because he projects on the therapist his own tendency to reject dependency needs in himself and others, because of his projection upon others of his own undependability in interpersonal relations because he needs to justify his hostility by proving that the therapist is a depriving object because he cannot conceive of real mutuality with an object but feels that his gain must be the object's loss because he cannot believe that anyone is interested in his welfare since he has such a low estimate of personal worth, because he feels a difficulty in communicating his thoughts and feelings understandably.

Another source of anxiety over repressed dependency needs is the fear of acknowledging the sense of loneliness arising from it. Furthermore, the acknowledgment of such needs is not compatible with fantasies of omnipotence. During the course of normal development the awareness of dependency needs brings about a gradual renunciation of feelings of omnipotence, but in the prospective schizophrenic this does not take place for the following reasons: the dependency needs of infancy and early childhood are so frustrated that they 'have to become more or less repressed' and omnipotence fantasies are strengthened defensively. The mother maintains the façade that she is omnipotent, and the child, by narcissistic extension, does so too. The mother insists that the child depend only upon her. He, in turn, clings to omnipotence fantasies, to protect himself from being engulfed by the possessive parent. Actually, in such a mother-child relationship there is little actual gratification of the basic dependency needs of either individual; instead there are grandiose expectations which later become transferred to the therapist.

In the second section of his paper, the author discusses the manner in which the patient deals with his dependency needs in therapy. He

points to the projection of such needs upon the therapist together with competitiveness and contempt on the one hand awe and adoration on the other. Such an attitude creates a formidable barrier between patient and physician. The author also discusses the patient's disbelief in the rather abstract goals of therapy his lack of comprehension of the difference between therapeutic help and concrete gifts and consequently his early tendency toward discouragement. Other features are the expression of minor irrelevant dependency wishes in order to keep the basic dependency repressed (e.g. asking for an ashtray) and the expression of dependency needs in such a way as to preclude gratification.

The third section of the paper takes up the therapist's anxiety about his own as well as the patient's dependency needs. This is likely to be especially marked with schizophrenic patients because of the intensity of their demands their wish for a symbiotic relationship their desire for physical contact the prolonged length of the treatment and the presence of colleagues in a hospital setting. The chief manifestations of anxiety in the therapist are discussed under two headings. First is the therapist's compulsion to be helpful. This may take the form of an urgency to respond immediately and excessively to the patient's communications anxiety when the patient is silent or voracious therapeutic curiosity in the search for more data to help the patient. The therapist may feel guilty in not meeting the patient's dependency needs fully because of his own fantasied omnipotence and may as a result quarrel with other personnel because he feels that they should be doing more for the patient. He may underestimate the patient's ego strength and maintain a relationship with him which unconsciously gratifies his own dependency needs. Second is the therapist's failure to hear or active discouragement of the expression of dependency needs. He is afraid to hear of needs too much like his own or threats to his omnipotence fantasies. He may not recognize how important he is to the patient. He may be afraid of any desire on the patient's part for a change of therapist may prolong treatment or disrupt it prematurely. He may overestimate the patient's ego strength reacting with dismay discouragement irritation or scorn to conscious expressions of dependency feelings. He may tend to concentrate on the patient's defenses against the needs rather than the needs themselves when they appear.

The fourth section of the paper offers seven basic principles of therapeutic technique in dealing with the patient's dependency needs.

- (1) The patient must be made aware of his dependency needs but the therapist must not attempt to make up for the former's past deprivations. The patient must be encouraged to turn to other figures in the environment to gratify many of his needs.
- (2) Special emphasis must be placed

on helping to resolve the guilt regularly associated with dependency needs. This can be done by encouraging verbal expression of the need and by uncovering the irrational nature of the guilt and self-hatred. Reviewing Sechehaye's work, the author feels that she places far too much stress on gratification, and far too little upon the value of timely, judicious frustration coupled with a primarily investigative approach. (3) The therapist helps the patient by his psychological presence and therapeutic curiosity, but not by material gifts. (4) It must be recognized that whereas a therapist may often find himself in conflict in the face of a request or proffered gift, this is to be considered inevitable because it arises from the patient's own conflictual feelings about dependency. Searles emphasizes the patient's ambivalence about his dependency needs, his anxiety about closeness, and his need for firmness from the therapist. (5) The therapist should maintain an optimal emotional distance from the patient and allow the latter to express hostility. An overly indulgent approach by the therapist may increase the guilt associated with dependency needs. Searles cites the views of Eissler, Knight, and Fromm-Reichmann in support of his own on this score. The last-named author, he notes, has markedly changed her approach over the years in the direction of appealing to the "grown-up person before regressing" rather than to the "rejected child." (6) The attitude toward dependency needs should be one of investigation, not gratification or rejection. Since such an approach carries with it a realization of the helplessness of both patient and therapist to satisfy these needs to any great degree, it may be difficult to maintain. (7) The therapist's own intuition is his most reliable guide as to whether to meet the patient's dependency needs with gratification, frustration, or investigation. Searles found that his response to a patient's expression of dependency needs and demands "may usefully range from tender solicitude to harshness to imperturbability all within the same hour."

IN THE THERAPEUTIC PROCESS IN THE TREATMENT OF SCHIZOPHRENIA, EDWARD D. HOEDEMAEKER (131) postulates that a defective superego formation is the pathogenic process in schizophrenia and that the therapeutic reparation involves oral incorporation leading to a new, realistically oriented, substitute superego-like structure. The author bases his treatment of schizophrenics on the work of Pious and Wexler, who called attention to the need for the creation of a substitute superego or superego image in the process of therapy.

The patient was a forty-seven-year-old paranoid schizophrenic woman with a history of three psychotic breaks before she began intensive treatment six years ago. The clinical material demonstrating the devel-

opment of a new superego-like structure is contained in several episodes in treatment. During one period the patient was obsessed with the need to give unnecessary gifts to her youngest daughter who had been permanently placed in the custody of relatives following her mother's divorce at the beginning of treatment. In spite of the patient's angry remonstrances the therapist insisted under the threat of termination that it would be contrary to her own best interests as well as those of the child if she gave the latter anything or saw her unless the child wanted her to. For one year the patient appeared uncertain on such occasions and always discussed it in her sessions constantly forcing the therapist to restate the required formula. When he finally resisted this type of seduction she applied the formula herself and acted on it. The attitude toward the child seemed to be an unconscious incorporative one.

Freud pointed out that identifications are derivatives of the first oral phase in which the object is assimilated by devouring and later added that the effects of those early identifications will be profound and lasting. This would seem to point to the importance of the personality structure of the therapist working with schizophrenics. It should be palatable and digestible. Fenichel described this early incorporative process as stimulus hunger—the longing for objects and their incorporation being an essential aspect of the development of the ego in the direction of handling reality. The patient described occasionally created situations to which the therapist reacted with a kind of aggression. This she incorporated, made it part of her personality structure and thereby could deal more adequately with similar situations in the outer world.

Pious referred to what he considered a defect in the schizophrenic's superego organization: an inability on the part of the superego to contain pent up aggression which then overwhelms the ego. Wexler on the other hand felt that the schizophrenic superego was defective in the sense of being savage and archaic. A reconciliation of views is found when we examine the nature of the schizophrenic's parents whose early incorporation is the basis of superego formation. Whenever such a parent attempts an object relation at least one of the parents immediately attacks and symbolically devours him. Whenever our patient relied on something about herself to her mother the latter immediately responded by telling the patient of someone else's affection or interest in her. The mother thus figuratively "killing off" the patient. Until we have succeeded as therapists in behaving in such a way as to make it possible for the patient to build within himself a clear and steady image of another kind of parent, no consistently effective ego functioning is possible. The author disagrees with those who feel that the schizophrenic needs considerable latitude in the therapeutic relationship since this

only repeats the unrealistic attitudes of parental figures. He feels that the schizophrenic is ready to extrude his pathologic identifications and is hungry to observe and incorporate more realistic attitudes which will allow the ego to express itself in a more effective fashion.

INTUITIVE PROCESSES IN THE PSYCHOTHERAPY OF SCHIZOPHRENICS, by FRIEDA FROMM REICHMANN (97), is an introduction to several papers on intuitive processes in the psychotherapy of schizophrenia presented by members of the Chestnut Lodge Sanitarium. These papers are based partly on seminars in which the continuously recorded interviews, which one of the group had made with a patient, were discussed by the whole group. The reactions of the members of this group to the recorded material were compared with a view to detecting the sources of their variations, particularly as they related to their different life histories, personalities, clinical experiences, and relationship to the reporter. In their preoccupation with their investigation of the factors which promote or inhibit the analyst's intuitive awareness it became clear that many of these items were subsumed under concepts other than intuition, and they found themselves considering such topics as transference, countertransference, dependency processes, the anxieties that the members of the group experienced with one another, and the manner in which these factors affect the analyst's free utilization of the intuitive processes.

In the paper, CLINICAL SIGNIFICANCE OF INTUITIVE PROCESSES OF THE PSYCHOANALYST, FRIEDA FROMM REICHMANN (98) reviews the uncompleted results of investigations into intuitive processes in the psychotherapy of schizophrenics that she and several colleagues entered upon for a period of nine months. To illustrate her theoretical formulations she introduces some pertinent material from a case she treated and reported many years ago.

Although the patient was assaultive, a good working relationship obtained between her and Dr. Fromm Reichmann. One day, while the former was in a wet pack, Dr. Fromm Reichmann asked her whether she would be willing to give a legally needed signature. The patient's prompt answer was, 'If you unpack me.' Thereupon the author turned to obtain the nurse's help. As she reached the door some inner process made her turn her head, whereupon she saw signs of displeasure on the patient's face. This made Dr. Fromm Reichmann give up seeking help—she unpacked the patient herself. This event constituted the turning point in the therapeutic relationship. In analyzing herself the therapist states that she turned back because some psychic process had informed her that that was what the patient wanted and needed and that her

professional conscience prevailed over her desire to extricate herself from the demands of the patient. This psychic process is subsumed under the concept of intuition which is a necessary mental activity in the therapy of schizophrenics.

The formation and creative utilization of the analyst's therapeutic skill include intuitive processes which are largely promoted by the analyst's recognition and acceptance of the various aspects of his countertransference. The findings of the group tend to suggest that one way of looking at a psychiatrist's intuitive awareness is to see it as a function of his countertransference. It should however be understood that countertransference experiences are limited intuitive processes potentially unlimited.

A second focus of interest explored was the anxiety factors that tend to inhibit the intuitive processes and thereby the therapeutic relationship. One particularly interesting cause of anxiety is the relationship between reporting analyst and his colleagues. It was noticed that the reporter's anxiety was frequently increased by the rivalry and negative appraisal of the other group members and that this situation often inhibited the thinking of the whole group.

Fromm Reichmann concludes her report by referring to Sechehaye's work with schizophrenics as an example to study. Sechehaye used her intuition, the patient's transference and her own maternal countertransference of which she was fully aware for therapeutic purposes.

While doing so she seems to have been reasonably free from anxiety with regard to the patient and the opinion of her colleagues.

IN THE INTUITIVE PROCESS AND ITS RELATION TO WORK WITH SCHIZOPHRENICS ALBERTA B. SZALITA PEMOW (273) discusses the intuitive process which like normal thought depends on the rapidity of connections and availability of channels of communication and on the capacity to use visual images. The dream she contends is the laboratory for the intuitive process. Since in the schizophrenic we see the closest illustration of dreaming in waking life we are in a position to observe in part the formation of thought and interference in it. Finally she applies these principles to psychotherapy with schizophrenics illustrating the way in which she would follow the patient in his dreaming and simultaneously reflect on it. A complete summary of this paper appears in Chapter III.

The special requirements of the PSYCHOANALYTIC TREATMENT OF THE PARANOID PERSONALITY are discussed by CARL F. SULZBERGER (271) who bases his suggestions on the dynamic and phenomenological characteristics of such patients. Since paranoid patients are particularly suspicious

and distrustful, caution is necessary on the part of the therapist to achieve a mild positive transference, which is the best atmosphere for treatment. The first interview is especially crucial, the author warns, and must be conducted with due regard for the patient's sensitivity and secretiveness. A friendly, yet cool attitude should be combined with spontaneity and straightforwardness. Searching questions must be avoided and trust demonstrated in the patient's judgment and intelligence. Though frankness is indicated at all times, no statement should be made unless it fulfills at least two of three requirements: that it be true, necessary, or agreeable.

After transference is established the patient's demands for love must be kept from growing to exaggerated dimensions. His feelings of oral deprivation which have had partial relief by projection may be approached first as least anxiety arousing. Mild, open criticism by the therapist, properly timed, is thought to be preferable to long silences, which the patient may fill with fantasies in which the therapist is hostile and condemnatory.

The immediate aim of treatment is to restore the patient's self-esteem, an objective which can be achieved on a realistic basis by encouraging the patient to accomplish something within his scope. It is recommended that the analyst encourage a mild, socially acceptable acting out of the patient's aggressive fantasies and desire for attention in a scrupulously fair competition with an oedipal figure. Thus the ego is to be strengthened by the acquisition of increased tolerance of the patient's own hostility and aggressiveness. It is important also to help him distinguish between unacceptable thoughts and unacceptable actions.

ANALYTIC PSYCHOTHERAPY WITH THE ELDERLY can be quite successful, according to MARTIN GROTHJAN (119). Certain sociologic and psychologic facts which need to be kept in mind to treat the aged are presented. The aged in America are relegated to an inferior status. The ideal is to remain competitively active, successful, and attractive, and deny the limitations of age, since no virtues are ascribed to age in this country. The sociology of American development has had this consequence.

Growing old is experienced as a narcissistic trauma. It represents and repeats a castration threat. The neuroses of old age are defenses against castration anxiety. The normal solution aims at the integration and acceptance of a life as it has been lived. Psychotherapy is facilitated by the diminished resistance against unpleasant insight in older people. Reality demands may finally become acceptable. There is less difficulty in integrating interpretations. The final acceptance of one's own death is a problem of existence. Our unconscious has no representation of our

own death. The danger of castration and mutilation is known to the unconscious. These castration anxieties are expressed as fear of death and have to be dealt with. The success of electroshock in involuntional melancholia may consist of its providing an experience of death with a happy ending.

Life itself prepares us for the working through of this aging problem. When we see our children growing up we have to go through a period of reversed oedipal feelings where the son does not fear the father but the father has to work through his feelings to the younger son. The reversed oedipal constellation of the aging woman differs from that of the aging man.

The therapist's countertransference may present difficulties in psychotherapy. The young therapist may feel self-conscious and apologetic. The old one may feel superior and inclined to exhibit himself as a shining example. The therapist's success will be commensurate with his having analyzed successfully his feelings to his own parents and grandparents. He cannot have unresolved feelings of revenge nor can he idealize his patient. The most favorable transference situation is the reversed oedipus constellation. This should be allowed to develop, experienced, fully utilized, interpreted and finally dissolved and the entire experience integrated.

REPORT OF AN EXPERIENCE WITH GROUP ANALYSIS by J. DREYFUS MOREAU (68) describes the application to the group treatment of adult neurotic patients of a method resembling that employed in individual analysis. He found that while the group situation was not unfavorable to psychotherapy, the precise techniques of psychoanalysis were not effective. Moreover, the powerful aggressive feelings which were aroused could be only partially reduced by the approximate interpretations made necessary by the group situation. In consequence, the author abandoned the psychoanalytic method and concluded that those forms of psychotherapy which focus attention upon the emotional manifestations of the group rather than of individuals yield the best results.

Before commencing group treatment, the author had several individual interviews with each patient. In each case he appraised the neurotic structure involved. Three groups were formed: group A was composed of those who were considered to have the strongest egos and group B of those less healthy, while with group C no attempt was made to differentiate the patients.

An effort was made to approximate the technique of individual analysis in that the analyst remained neutral and passive. Interpretations were for the most part of those transference manifestations in which

the whole group shared. Those interpretations were, however, followed by explanatory hypotheses in which the present was related to the past in a general, rather than in an individual way. The author states that this procedure was very useful, that it induced the patients to review their past histories and often led to the recovery of important memories and to strong abreaction. Another aspect of the technique consisted in relating to the therapist those transference manifestations which were dissipated on other members of the group, who were considered less formidable than the analyst.

Evaluation of the groups.—Group A broke up after six weeks. This followed a deprecatory comment which the analyst made to a member of the group who was talking constantly to the exclusion of others. That this situation was giving satisfaction to the group was not recognized by the analyst. The result was that several patients abandoned the group, leaving only those whose defensive structure made them relatively insensitive to the anxieties created by such perturbations. Group B continued for a year but with little, if any, therapeutic results. This was related to the fact that the patients did not manifest anxiety in the presence of the analyst, who did not, therefore, become the embodiment of their infantile emotional experience. He was excluded from the lively intellectual exchange in which the members of the group supported each other. When the group was disbanded after one year, no fundamental changes had occurred. Group C was characterized by its homogeneity: it was composed of five patients who came regularly. There was no dominance by any member and the affects of the group became centered on the analyst in a typical "group transference neurosis." The material of the group sessions is described as identical with that produced in an individual analysis. When the group was reduced to three by the defection of one and a surgical operation necessary for another, the analyst discontinued the sessions because he felt the group was now too small.

Affective dynamisms at work.—The members of a group identify with each other in their role of patients as well as in their rejection of "the healthy people" who do not understand them. The narcissism of the members becomes intermingled; "they understand each other and forgive; they have found their pairs." This narcissistic transference is essential to the success of group analysis; those who are unable to achieve it rapidly eliminate themselves. The capacity to "mingle" emotionally with others in the group is, in the opinion of the author, independent of the intelligence, the type of neurosis, or the character of the analytic group. The result of this mingling is that everything that transpires in the group is felt by each participant. If one member arrives in good spirits,

the atmosphere is immediately a happy one. If someone begins to cry, several will burst into tears. Associations of ideas are found in a similar collective fashion, so that when someone recounts a personal experience, memories and impressions are awakened in others and then viewed in a new light. Sometimes the associations brought by the patients reveal a real feeling for the unconscious reactions of the others.

One effect of the group participation is that the patients do not have to go through the long period of testing the analyst and his reactions, which is characteristic of individual analysis. The tolerance and good will of the analyst are constantly evident from his treatment of the others. The sharing of emotions within the group may also lead to the revival of feelings which have become detached from their object.

As in the course of an individual analysis, all the aggressive and libidinal feelings of the group may become directed toward the analyst. Since, however, the group is composed of different people, some of whom are afraid of the analyst, feelings of dependency or of aggression become displaced upon the group members. To group C the analyst announced one day that sessions would soon be discontinued for two weeks for the Easter holidays. The next session was a most stormy one with violent expressions of anger between the men and women patients and threats of physical violence. These subsided only when the analyst interpreted them as revivals of infantile reactions to abandonment.

Sibling rivalry is regularly manifest in the reactions of the group to the absence of a prominent member or to the arrival of a newcomer and in the symptoms which appear in the attempt to gain attention from the others.

Difficulties encountered in group analysis—Reviewing the therapeutic results, the author concludes that the precise techniques of psychoanalysis lose their effectiveness when applied to the group. Despite the favorable aspects of group analysis already reported, the author states that the difficulties inherent in the method were so great that he decided to abandon it. The most prominent sources of difficulty were (1) the formation of complementary couples, (2) the instability of the group, (3) the intensity of the negative transference.

The author adds that the limitations to the group method he has described must be evaluated in the light of the fact that the patients with whom he worked were those who would be questionable risks for an individual analysis because of the rigidity of their defenses, their modest intelligences, their limited ability to verbalize feelings, and their tendency based on their neurosis and cultural level, to conceive of the world magically.

IN TRANSFERENCE IN GROUP ANALYSIS, G. KUHNEL (159) emphasizes the view that in analytic group therapy the transference which the members have to each other is more important than the transference to the group leader. The leader promotes, in an unobtrusive way, the contacts between the members. While communications between the members regarding their problems are given this small scale publicity, the leader can more easily demonstrate the underlying dynamics. He steers the transference away from himself and remains the representative of reality. This favors adaptation to reality and makes the resolution of transference easier.

THE FAVORITE JOKE IN DIAGNOSTIC AND THERAPEUTIC INTERVIEWING is the title of a paper by ISRAEL ZWERLING (301), in which he finds it a useful technique to ask the patient to tell his favorite joke. This may reveal anxiety related to a central conflict, and provides direct insight.

The favorite joke is utilized as an aid in diagnosis and therapy. There are various limitations to this adjuvant. Many have no favorite jokes and some resort to the latest joke heard. It is likely that a joke may be learned and told with great success several times, ultimately achieving the status of a favorite joke, and yet not necessarily bear any important relationship to the critical problems of the patient. Jokes may reflect the characteristic social problems of a particular cultural group rather than the specific conflicts of the individual. This technique does not provide the therapist with any information undiscoverable by other means, such as dreams or early memories, but is considered by the author particularly useful when a light touch is valuable for a tentative approach to a troubled area.

The author provides samples given by five patients. One was an exhibitionist who was unable to use a public urinal, suffered from a schoolwork inhibition, indecision, and obsessive concern with sex. The patient's mother was extremely seductive and had engaged in playful wrestling with him, as well as exhibiting herself to him in the act of dressing and undressing. His dream life expressed the fantasy of engaging in sexual play with a woman, always with a man watching. In association with the discussion of his mother's vivacity, he recalled a joke she had told him when he was about eleven. This became his favorite joke. "A man married a prostitute who wanted to conceal her past from him. On their wedding night, she stuffed rags in her vagina. He tried to have sexual intercourse with her, but could not get his penis in. She sent him into the bathroom with instructions to put some of her cold cream on his penis and meanwhile she took out the rags. The man, a telephone repair man, was bothered the next day by a gnaw while at work atop a telephone

pole After several unsuccessful attempts to shoo away the gnat he said If you don't stop bothering me I'll get some of my wife's cold cream and shove this telephone pole up your rectum!

The patient's problems arose from his incestuous conflicts and the fear of punishment by his father The subsequent fear of mature sexuality which he complained of in his treatment made it necessary for him to convince himself of his masculinity by exhibiting himself to women in order to gain reassurance that his genitals were intact He feared exhibiting his penis to men in a public urinal because of the strong latent fear of anal homosexual assault Although the joke was not discussed these problems were worked through in the treatment and the symptoms disappeared

In the author's examples the favorite joke appears to serve to master anxiety by denial The author closes by saying The precision of this technique of determining a patient's central conflict has not been proved A number of problems remain We need to know what factors determine the selection of the favorite joke why some patients have no favorite joke and how favorite jokes are related to dreams and early memories

CONCLUSION

By contrast with the literature on psychoanalytic therapy for 1954 when numerous papers and panels discussed the interrelationships between theory and technique chiefly from the standpoint of ego psychology and systematic attempts were made to establish satisfactory theoretical distinctions between psychoanalysis and psychotherapy no broad trend is discernible this year Certainly there appear no striking developments in technique Problems of transference and countertransference especially the effect of the latter on the former continue to preoccupy psychoanalysts A few papers on the theory of therapy—one by Lewin containing highly interesting analogies between sleep and dreaming and the analytic situation—mark their appearance A review of the old concepts of the hypnoid state and abreaction presages re-examination of Freud's early ideas from the standpoint of ego psychology The therapeutic values of regression are pointed out in accord with a trend toward viewing this phenomenon from its less pathological aspects A few papers on the relationship between transference and countertransference and psi phenomena represent a persistent interest in this subject by several analysts In psychoanalytically oriented psychotherapy the subject attracting the most sustained attention is the treatment of schizophrenia in which the intuitiveness of the therapist and his countertransference reactions provoke systematic study

Chapter VIII

PSYCHOANALYTIC EDUCATION

JOHN FROSCH, M D

The articles on psychoanalytic education in 1955 are concentrated mainly on psychoanalytic training as such, although the role of psychoanalysis in the over all picture of medical education is reflected in a presidential address by Ives Hendrick. The problem of selection is the subject of one article. Most of the others are devoted to special facets of the training process, especially to supervision and termination of the didactic analysis.

A view of the growth of psychoanalytic education can be obtained from the presidential address delivered by Ives Hendrick (130) before the American Psychoanalytic Association. In *PROFESSIONAL STANDARDS OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION*, he emphasized the seriousness of the responsibility assumed by the Association in establishing and maintaining standards for membership and training. He reviewed the growth and maturation, through conflict and crises, of the Board on Professional Standards, which is responsible for this vital function.

Hendrick spoke of the twenty five years in the history of the Association since he became a member (1930). This period has seen psychoanalysis gain immeasurably in stature and impressively in members. From 65 members in 1930 the Association has grown to over 600 members in 1955 with 925 physicians in training in fourteen institutes and three training centers. The further influence of these analysts on patients, clinics, hospitals and training in psychiatry and dozens of ancillary professions indicates the vast scope of the responsibility assumed by the Association in establishing and maintaining professional standards for membership and training.

The American Psychoanalytic Association was founded in 1911 and was almost split in 1919 by a proposal to merge with the American Psychopathological Association, which had included analytic papers in its programs. The proposal was energetically rejected in 1920 after Dr

Adolf Meyer (not an analyst, but a charter member of this Association) stressed the need for a national organization of accredited analysts concerned primarily with the scientific and other problems of psychoanalysis. This decision defined the prime reason for the existence of the Association and the keystone of sound policy.

The increasing threat of the existence of insufficiently trained "wild analysts" and splinter groups in the 1920's led in 1932 to a reorganization of the American as a federation of four local constituent societies: New York, Washington, Baltimore, Boston, and Chicago. From this meeting there emerged the feeling of hard won solidarity regarding the essential principles of membership and training. A new era of psychoanalytic growth began after a decade of controversy. Clearly formulated were the principles that medical and psychiatric preparation are prerequisites for analysis, and that training shall include didactic analysis, supervised analysis, and seminars.

Underlying this are the basic principles whose essentials the Association upholds today: (1) that psychoanalysis is a science as opposed to a dogma—dogma is a final answer, a scientific answer inevitably raises new questions for further investigation, and this continues to be the history of analysis; (2) that psychoanalysis is the science whose essential elements were discovered by Freud, not in the sense of dogmatic finality but in the sense of empirical validity and theoretical usefulness; (3) that psychoanalysis has become a basic science of psychiatry, the major contribution to the understanding of psychotherapeutic technique and to acceptance of the unconscious by dynamic psychiatry; (4) that analytic education depends on the faculty (or institute) principle as does medical education. In 1949 this last principle was again officially stated by the Board on Professional Standards in explicit, unambiguous terms: "It is resolved that it shall be against the policy of the American Psychoanalytic Association for any member to train or supervise any individual to carry on therapeutic psychoanalysis except under the direct auspices of a recognized Institute of this Association."

The Board on Professional Standards (successor to the Council on Professional Training) has become a complex administrative organization whose duty is clearly defined in the bylaws: (1) to set up minimal standards for the training of physicians in psychoanalysis and minimal standards for approved institutes and approved training centers; (2) to set up requirements of character and ethical professional standards in this Association; (3) to receive applications for membership in the Association and certify the qualifications of applicants for membership in the Association (election of new members is by the membership). Its work was facilitated by the reorganization in 1916 at which time the Associa-

tion became a national organization of analysts rather than a federation of constituent societies. As a result the Board can take action regarding standards without the cumbersome procedure of approval of all constituent societies.

To fulfill its tremendous tasks the Board has utilized standing committees whose members are not necessarily Board Fellows. Committees may recommend but only the Board can take final action. The first of these was the Committee on Standards created for the purpose of expanding the minimal standards of 1938 and currently undertaking a definitive clarification for publication of all minimal standards adopted by the Board. A Visiting Committee was established to inspect the work of various institutes and report to the Board. It was re-established in 1953 as the Committee on Accreditation to report on the Detroit-Cleveland Institute and began the often unpopular development of procedures for evaluation of Institutes already approved. The Committee on Membership has responsibility for detailed examination of the records of applicants for membership. The Committee on New Training Facilities has studied the qualifications of seven new institutes and three training centers. In 1951 a new area of accreditation was undertaken by the Committee on Standards in Child Analysis. The Committee on Unauthorized Training (formerly Committee on Ethical Standards) concerned itself with those few individuals who retained membership in the Association while violating its basic Standards on Training. Its work led to the 1951 Resolution of the Board on Unauthorized Training when it became necessary again to state that "it is unethical for any member to train or to supervise any individual for the practice of therapeutic analysis, except under the direct auspices of a recognized training institution of this Association." Analysts who continue such practices after official admonition shall be subject to suspension or loss of membership. The Committee on Central Registry has studied methods of recording nonconfidential information about all candidates in training. The Coordinating Committee provides a liaison between various committees and has become an almost indispensable agency for administration of the interim activities of the Board.

In addition to these standing committees, there have been numerous (ad hoc) task committees concerned with specialized problems. In 1951 a Task Committee on Functions of the Board was appointed by the Executive Council to investigate the criticism by a few individuals that the Board has assumed authority exceeding that intended by the bylaws of 1946. The report of this committee in 1952 is a landmark in the history of the Association and the maturation of the Board's responsibility. The Executive Council took formal action approving by a large

majority the Task Committee's recommendation. No change in the relationship of the Board either to the Executive Council or to the Membership is to be made.

In viewing the present situation Hendrick reiterated the Association's stand opposing lay analysis. He pointed out that agitation to the contrary is carried out by a very small minority and that the basic principle has been sustained by overwhelming majorities since 1922. This culminated in the Joint Resolution opposed to lay psychotherapy except under medical auspices in recognized clinics adopted by the American Medical Association, the American Psychiatric Association and the American Psychoanalytic Association in 1954. There are a small number of members who are sincerely convinced that lay analysis should be promoted but who abide by the Association's standards.

Hendrick saw as another problem of the Association the need for formal recognition of training standards by some senior medical authority. There is the problem of the double authority existing when institutes under the aegis of the Association are organized in medical schools or when wildcat institutes which ignore standards are set up in universities. The procedure would be much simplified if the governing authorities of universities were in a position to recognize accreditation by the Association as official.

Those who fear overstandardization commonly overlook the important fact that standards adopted by the Board are literally what they are called—minimal. That minimal standards do not mean ideal standards or identical education in all institutes but are intended to insure the most basic principles of analytic education. An arithmetical standard such as a minimum of four hours a week and 300 hours for a training analysis cannot possibly be a definition of adequate training but it is nonetheless a truly useful and indispensable concrete statement of policy which some training analysis could not be. However the need for a more thorough study of analytic education is a paramount issue and has resulted in the formation of a Survey Project Committee of the Board whose purpose is to study the organization, training theories, curricula and the problems of each of the fourteen institutes and three training centers. The first step in making this possible has been the authorization of a committee to obtain an adequate grant to finance such a study.

Success in maintaining standards of superior training and practice magnified by growth in numbers and by the esteem of other medical groups has given the Association unsought and unexpected powers. Hendrick feels that eventually the Association will be assimilated within the fabric of those cultural factions which uphold the more traditional

professional disciplines. But at present it is "our responsibility, and it is up to us" to do this job with sincerity, intelligence, and intrepidity.

Closely allied to the problems discussed by Hendrick is the ever present one of candidate selection. This controversial subject is examined by ROBERT R. HOLT and LESTER LUBORSKY (1933) in *THE SELECTION OF CANDIDATES FOR PSYCHOANALYTIC TRAINING: ON THE USE OF INTERVIEWS AND PSYCHOLOGICAL TESTS*. The authors discuss the comparative merits of interviewing techniques, past professional history, psychological testing, and combinations of these approaches. They point out advantages and defects in each and indicate directions for further study.

In selecting candidates, psychiatric interviews alone contributed results only slightly better than chance. In attempting to explain this, it was possible to eliminate several possibilities: that the interviewers were incompetent, that the interview was not standardized enough, that more time for study and analysis of interview data would have been advantageous, and that the criteria of actual performance were invalid. Left open was the possibility that a single contact was too short to give an interviewer sufficient material on which to base his judgment. In this regard it was found that the more one knew about the applicant's prior clinical work in psychiatry, the more accurate were the predictions. It was suggested that the interviewing situation may at times have been unnecessarily stressful, and that it is a mistake to judge the future behavior of a man when he will be in active control of situations from his largely defensive behavior when he is in a passive, reactive relationship to a "threatening" authority figure.

Most of the errors made by psychological testers were in the direction of underestimating people. The tests apparently succeeded too well in exposing underlying weaknesses without sufficiently showing adequate defenses. When five interviewers were given detailed instructions on what to look for and how, only two of them were able to surpass the level of validity that characterized the "rule of the thumb." Even these two interviewers, rating the same applicant, failed to agree significantly on key aspects of the personality.

The findings on the relative excellence of interviews and psychological tests as bases for selection showed that interviewers did a fairly good job of eliminating applicants who could or would not become psychiatrists, and their average recommendation was about as good a guide as the testers. In regard to finer distinctions, however, the testers' predictions were generally (though not significantly) more valid. In general, the interviewers were better predictors of administrative ability and diagnostic competence but did not do nearly as well as the psychologists.

in predicting competence in psychotherapy. Severe pathology such as latent schizophrenia is generally harder to conceal from a tester than from an interviewer. Tests also seem more accurate in detecting poor working habits and the lack of solid intellectual achievements behind a superficially brilliant façade. Confused thinking, undesirable motivations, strong underlying sadomasochistic trends and prejudiced attitudes often appear more clearly in projective tests than in interviews. Finally, tests afford a good means of determining how differentiated a person is that is, his readiness to respond to nuances of a situation regardless of experience and sophistication.

Testing here refers to a battery of psychological tests. The Rorschach test used alone was a poor basis for predicting suitability of applicants and even in sorting out the most unsuited it did not show up as well as simply analyzing application credentials. Projective tests give valuable insights into personality but they can make their proper contribution only when used in conjunction with other methods, preferably tests of intelligence and association and historical material.

The authors suggest that selection committees should question some of their accustomed ways of doing things and consider the possibility of experimenting with new selection techniques. Clinical impressions have little value as a basis for judging how people will perform the job of selecting candidates. One's professional narcissism gets in the way of accurate perceptions; it takes systematically gathered facts to tell the true story. The authors recommend that interviewers make definite ratings such as take—doubtful—reject, write down all evaluations and if possible the basis for them, then set up a similar system for collecting data on the candidate's progress with the minimum goal of trying to select people who will complete analytic training without untoward difficulty.

The next three articles are devoted to the supervisory process. Whereas Grotjahn surveys the total experience, Emeli and Searles concern themselves with special problems involving the role of the supervisor.

IN PROBLEMS AND TECHNIQUES OF SUPERVISION, MARTIN GROTJAHN (120) systematically re-examines the entire procedure in psychiatric psychotherapeutic and psychoanalytic training. He reported some of his cases to colleagues and senior candidates, discussed attitudes toward the supervisory process with colleagues and surveyed the literature. The results were the formation of new concepts and new attitudes toward the practical experience. Before selecting a case for supervision he discusses the student's entire case load. Occasionally he recommends a particular

case to the student in order to facilitate the latter's gain of insight into himself by his work with the patient. He also visits the students' offices in order to observe and comment on what he finds there (e.g., in one office he found a chair alongside the couch with its back to the patient). After seeing the student in his milieu and after reviewing his case load, Grotjahn evaluates him on a spectrum ranging from rigid normal to extremely sick but gifted. In this initial period of preparation, the supervisor and student become acquainted. The main aim of this procedure is to avoid typical mistakes of the beginner. It also enables the supervisor to evaluate the freedom and spontaneity of the student's descriptions of his patients and his own feelings. In the second phase (overlapping, of course, with the first) there is a growing insight into the patient's psychodynamics and his illness, with the expectation that the student will develop a method of reporting that is anxiety-free without the use of notes.

Grotjahn advises caution in making direct interpretations of the student's behavior. He favors activating the hidden emotions in such a way that the student brings them into his own analysis. However, he has found in many instances that students will integrate insights in the supervisory situation which they had failed to arrive at in analysis because of a difference in the transference relationship. They are then able to work them through in analysis. He feels that the training analyst should not supervise the first two cases of the student.

The third phase of supervision is the period of working through. The student has discussed and worked out comprehensively the psychodynamics of the therapeutic experience—at this time the candidate should feel free and eager to show, to analyze, and to integrate his own feelings of countertransference. This is the truly analytic phase of supervisory analysis. At this point also the training analyst should use information from other sources, from discussions of the cases, extratherapeutic sources, to help working through. Grotjahn calls this stage supervision of the candidate's beginning self-analysis.

IN *THE SOCIAL CONTEXT OF SUPERVISION*, MINNA EMCH (76) states that analytic supervision involves complex relationships between many unseen participants. Among these are the training analysts, the institute, etc. The author discusses the influence of these upon the supervisory process.

Analytic supervision is a highly complex process. Superficially it seems to involve only three people—the student, the patient, and the control analyst. In fact there are at least seven participants, the additional ones being the training analyst, present or past supervisors, the Institute

Committee on Education and a clinical conference chairman who also discusses the supervised cases. The possible complications of these relationships multiply even more when the conscious and unconscious aspirations of the participants become involved. Almost unlimited combinations of subtle transference conflicts can result.

Every article on technique points out the unhappy consequences of unresolved transference even after training of the analyst. Yet as supervisors Emch indicates we tend to overlook this unresolved transference in the student. Even more typically overlooked are the multiple transferences to the personified elements mentioned above as participating in supervision. It is necessary that the supervising analyst be willing to recognize his own unresolved transferences to any of these elements. Tensions and differences between the analysts comprising the supervisory group are multiplied as a result of the transferences and countertransferences. It is not the open differences that become dangerous. On the contrary, students are rarely caused deep trouble by these. It is the unspoken attitudes and differences, those which cannot be subject to scientific evaluation by the student which are dangerous.

What can be done? Open channels of communication lessen the danger of our contributing to a problem for the student. Blizstein and Fleming recommend discussions between supervisor and training analyst, a collaborative analysis. But this implies that the supervisor is a kind of superanalyst who detects resistances unknown to the personal analyst. It also implies that the student would not deal with supervisory difficulties in his analysis. Neither of these implications is true. Most likely the resistances noted by the supervisor relate to areas which require repeated working through. Supervision problems undoubtedly would spontaneously come up in their relevant unconscious setting. Further such supervisory collaboration with instructions to the student to bring up specific problems in his analysis involves an undesirable intrusion in free association.

It is most important that the group of training and supervisory analysts know each other's views and their personal differences with their colleagues. Discussions between them can relate to general analytic material and to supervisory problems without emphasis on any particular student's problem. Informal group meetings with minimal organization and without any official connection with an institute, society or any institution provide the best opportunity for such vital communication.

A special kind of reaction in the supervisor is utilized as a technical teaching device. In *THE INFORMATIONAL VALUE OF THE SUPERVISOR'S EMOTIONAL EXPERIENCES* HAROLD F. SEARLES (253) proposes the thesis

that emotional experiences between patient and therapist are often reflected in the relationship between therapist and supervisor. The emotions experienced by the supervisor serve to clarify the processes, often those causing difficulty, between patient and therapist.

There is a wide variety of emotions experienced by the supervisor in nowhere near the intensity that they are felt by the patient or by the therapist, these are indicative of some area of difficulty in the therapeutic relationship, particularly in the patient. This phenomenon is called the reflection process. The sources of these emotions, primarily in the patient, are transmitted to the supervisor unconsciously by the therapist and may offer clues to obscure difficulties besetting the doctor-patient relationship which at times are vital for effective therapy.

The author cites examples: (1) The therapist, by means of transitory unconscious identification with the patient, showed obnoxious behavior unlike his previous professional behavior in supervision, this served to irritate the supervisor, who was then able to focus on the difficulty between patient and therapist. (2) The therapist became unwittingly overly demanding with the supervisor in the case. First the supervisor responded with an attempt to fulfill demands, then by setting real limits. The therapist's overt anger at this was followed by clarification of the treatment process. (3) The therapist's communication to the supervisor stimulated feeling on the supervisor's part that the therapist was asking for his love. It turned out this was the unconscious communication of the patient to the therapist. (4) An unsuccessful supervisory experience in retrospect seemed to resolve into problem areas wherein the therapist identified with the patient. The fifth and sixth are examples of the same process in the author's experience as therapist, with clarification coming from his own supervisor. The last example is one in which the therapist's need to deny hostility toward the patient and supervisor, and the supervisor's initial need to deny criticism (hostility?) to the therapist, were brought out into the open after the patient's massive hostility was discussed in a staff conference.

There are also examples gleaned from the experience of a research group supervising a continuous treatment case with a therapist. The group noted the benefit upon the treatment process as well as the striking influence which the current mode of relatedness between patient and therapist had upon the mode of relatedness among members of the seminar. One such example was a therapist who felt sleepy with a particular patient. This resulted in somnolence at the material among members of the group. When the group presented fresh ideas to the therapist, this increased his sense of freedom. This in turn rejuvenated the group.

The mechanism of the reflection process is not clear, but unconscious

identification is one of the nuclear processes involved. The process is initiated when therapy touches upon some aspect of the patient's personality in which repressed or dissociated feelings are close to awareness so that there is simultaneously anxiety and some defense against it. The therapist experiences anxiety in a comparable area of his personality with which he copes either by anxiety or by adopting a complementary defense. Then in the supervisory session the therapist unconsciously presents what is going on in the patient. The supervisor is able to perceive what is going on because (1) he has more self-awareness and (2) he is less emotionally involved. After the issue is clarified the therapist can carry it over to the therapeutic situation wherein the patient can resolve the intrapsychic process.

The problem of termination of the didactic analysis is the subject of the next series of articles. A PANEL ON SPECIAL PROBLEMS IN CONNECTION WITH TERMINATION OF TRAINING ANALYSES (213) was held at the Meetings of the American Psychoanalytic Association. Since the papers presented at that panel were subsequently published and are synopsized here we are not including a synopsis of the panel at this point. All the papers deal in one way or another with the interminability of the didactic analysis and differences between the latter and the therapeutic analysis. The influence of the total educational structure upon the training analysis is also discussed.

EMANUEL WINDHOLZ (288) in PROBLEMS OF TERMINATION OF THE TRAINING ANALYSIS devoted his paper to a consideration of the specific differences between a therapeutic and a didactic analysis. Among these are the didactic setting and aims of the analysis, the analyst's real position and role and its effect on the transference, the problem of the analyst's frankness about his fallibility from the viewpoint of transference as well as countertransference aspect and the nature of the candidate's character and symptomatology. Windholz advocated a long terminal phase when the analyst's role is at an end to analyze the distortions in the transference brought about by the special nature of the didactic analysis.

In order to understand the problems in termination of training analysis the theoretical basis of the training analysis must be clarified. First the trainee should identify with the professional activity of his analyst but this is to be distinguished from a crippling rigid identification with the analyst. The candidate's capacities for sublimation should be liberated but these may coexist with serious disturbances. The candidate struggles for and against identification until he acquires greater

security through experience, but this tendency is intensified if the student lacks the capacity for sublimation.

The most striking difference from the therapeutic analysis is in the analysis of the specific professional motivations, which are an essential feature of the transference of a candidate. The candidate's reaction to termination is influenced by his professional motivations. Feelings of frustration and loss are balanced by the satisfaction of "graduation" from the didactic analysis. However, since the resolution of the transference neurosis is never complete, the feeling of relief will predominate if the candidate has not developed a transference neurosis.

Among the difficulties of the didactic analysis are the analyst's role as judge and teacher, which severely tests his neutrality. He has to deal subtly with his realistic role. Emphasis on the "real" relationship may dilute the transference; on the other hand, the regressive material may ward off attitudes of the present which are not manifestations of the transference.

In certain phases of the analysis self-revelatory remarks and behavior about the analyst's fallibility constitute admissions of the analyst's failure which may significantly impair the development of a workable transference. In a phase of transference resistance, the patient may use these admissions to rationalize angry attitudes. Usually, the analyst's admission startles the candidate, removes his sense of triumph, and leads to a search for the real source of his anger in childhood. For his part, the analyst must take care not to cover up a seduction of the patient or to deny his own guilt by his "frankness." Or he may be satisfying his own libidinal or aggressive needs. Using the candidate to alleviate his guilt, he can thus discharge his responsibility for the lack of progress.

According to the author, changes in institute structure, particularly the separation of therapy and training, are of dubious advantage; since most candidates are in analysis for professional reasons, the continuation of analysis during the supervised treatment period is advisable. The blocks to therapeutic effectiveness of training analyses are due not only to the didactic setting, changes of technique, and the analyst's personality; they are also related to the choice of candidates, the nature of their character defenses, their ages, the nature of their sublimations.

All of these factors will affect the phase of termination. "Didactic analysis—is interminable. The candidate, unlike the patient, has to accept his remaining conflicts." At the time of termination, the analyst ceases to be a judge of his candidate, and his neutrality is now fully protected. Therefore, the time allotted for the terminal phase must be sufficiently long to allow for understanding of the undesirable effects of

the didactic setting and of the reward of termination and for working through the distortions of the transference

In his concluding comments the author discusses the conditions which favor spontaneous self analysis after the termination of the didactic analysis. One important factor is the candidate's identification with the neutral attitude of his analyst which enables his ego to tolerate derivatives of unconscious impulses under the benevolent yet continuous scrutiny of an analytic superego which demands their evaluation in terms of the real productions of the patient.

RUDOLF EKSTEIN (74) in *TERMINATION OF THE TRAINING ANALYSIS WITHIN THE FRAMEWORK OF PRESENT DAY INSTITUTES* briefly discusses some of the opinions on the subject offered by other psychoanalysts and stresses the difficulties created by the connection of termination with the total training program which is carried out not by one individual but by a collaborating group.

He quotes Anna Freud as saying that the conditions under which a student is analyzed would be regarded as grossly incorrect technically if they obtained in the routine therapeutic analysis. She observed that

It still remains an open question how much the transference situation of the training analysis is complicated and obscured by this technically deviating procedure. Many analysts remain in a state of dependence on their training analyst or else they separate from him in a violent revolt against the unresolved positive relationship with clamorous hostility often theoretically rationalized declarations.

The institute of today is vastly different from the learning centers of the past and the training analyst a lone and pioneering leader in former days is now the representative of an institution. He and his student do not function independently. His student patients are not just his students but students of the institute. How much responsibility the education committee is to take, how much information should be shared and to what purpose and how group pressures may influence the training analysts—these are serious questions during training and affect the termination phase. This is particularly true where colleagues hold the view that every training problem can be solved by more analysis rather than improved teaching techniques.

If the training analyst is capable of accepting a minimum of basic common standards with a certain amount of desirable individuality if homogeneity exists within the institute if he has accepted group decisions that he has participated in arriving at he will be better able to offer the candidate a stable situation which allows for maximum conditions of

analytic work during the termination phase as well as other phases of the analysis. The problem of authority both for training analyst and student is not solved by denial but by facing it, dealing with it, and analyzing it, for there is one aspect of authority from which escape is impossible, and that is the authority that derives from training goals which are the codified shared conviction of standards.

This theme is continued by EDITH WEIGERT (286), *SPECIAL PROBLEMS IN CONNECTION WITH TERMINATION OF TRAINING ANALYSIS*. Actually she also discussed general problems in training analyses. Her emphasis was on the problems and pitfalls arising from the particular nature of the training situation. In this discussion, the countertransference problems of the training analyst are given special attention.

As other contributors, Weigert first discussed some of the differences between training and therapeutic analysis: the lack of anonymity of the training analyst, the lack of complete separation after the termination, the various nontherapeutic motivations for entering a training analysis, and the interminability of an educational analysis. With reference to the problem of a mutual consensus between analyst and analysand concerning the termination, she asserted that while the doubts and dissatisfactions that becloud this issue stem in the main from transference resistances, they are also derived from countertransference distortions.

While, according to Ferenczi, the dissolution of transference points to the termination of analysis, the author would add the dissolution of the countertransference potential as a supplementary indication for termination. Among the sources of countertransference phenomena is the empathy with the trainee undergoing experiences similar to those of the analyst in the past. The professional group to which both analyst and analysand belong has similarities with the family structure. The representatives of the older and younger generations strive for high professional standards, there is sibling rivalry among contemporaries of both groups, there is fear in the analysand over his potential achievements and in the analyst over the danger of being outgrown by the student or having his inadequacies discovered.

The trainee, but not the analyst, is permitted the catharsis of self-expression. The analysand may go so far as to feel compelled for his own unconscious vindication, to defeat the analyst by an explosive termination of analysis. The training analysand, suspecting that his needs for tenderness and affection are danger signals of incestuous or homosexual involvement, may harden his unconscious narcissistic defenses. Since one of the strains imposed by such a training analysis is

the analyst's fear for his reputation, he may act out to curb the trainee's hostility and thus his rebellion. The prospective danger of a breach in the analyst's patience is one which may make advisable a change of analysts in a lengthy analysis.

There is insecurity about the termination of a training analysis because expressions of transference feelings are retarded by the typical defenses of compliance and submission. The analysand follows interpretations as if they were orders, in order to bribe the analyst into facilitating his acceptance by the institute. Such an adaptation is unconsciously hypocritical and may eventually turn into scornful rebellion if it is not understood and interpreted. In this process the analyst is aided by insight into his countertransference reactions (his boredom and narcissistic gratification at the unspontaneous conformity of the analysand), by the observations of colleagues and other students, by a separation in which a dependency pattern is thrown into relief, by the rising difficulties of the student analyst.

According to the author, 'termination is indicated when the analysand dares to relinquish a dependent identification for a mutually respectful differentiation when anxiety about loss, about incorporation or being incorporated, anxieties reflected in an unrealistic concern about success and failure, can be transcended'. She also made a particular point of the fact that at the end of analysis the growing spontaneity of the analysand frees the analyst from cautions and anxieties in his countertransference. At the end of a training analysis there should be a realistic trust in the trainee's future development. A research analysis, which the training analysis should be, strives for the ideals of scientific truth as well as for freedom from unconscious anxieties and conflicts.

THERESE BENEDEK (24) focuses on some of the goals in the didactic analysis in *A CONTRIBUTION TO THE PROBLEM OF TERMINATION OF TRAINING ANALYSIS*. She asserts that no solution is possible unless we make a clear distinction between ordinary analysis and training analysis. The goal of the usual therapeutic analysis is generally to resolve the present symptoms by the resolution of the conflicts that sustain them where as the aim of the training analysis is to open up the personality of the analyst to the process of interminable analysis which is the fate as well as the equipment of the psychoanalyst.

It is important to recognize that the two situations are not the same, not only because the transference situation is not the same, but also because the countertransference situation is different. The training organization in general and the training analyst as its representative are

integral aspects of the reality in which training takes place. The aptitude for the professional task of psychoanalysis and the capacity to resist its professional risks involve intricate personality functions which have not yet been formulated in general psychodynamic terms. Thus it becomes necessary to study separately the two aspects of the candidate's analysis: that which relates primarily to his goal in training and that which involves his personal therapy. If we identify therapeutic aims with the goal of training, the therapeutic process might delay the training of an otherwise capable analyst in one instance, and in another, the training may delay the cure of an otherwise curable neurotic individual.

The author stated that our aims would be better safeguarded if we took Freud's reservations concerning training analysis more seriously. Instead of an interminable training analysis Freud recommended the interruption of the analysis after its initial goal has been achieved. Putting the emphasis upon self-analysis, which is a constant correlate of analyzing others, he recommended a later or even periodic resumption of personal analysis as indicated by professional or therapeutic need. Thus a training policy should permit time for integration of the post-analytic personality after a thorough preparatory analysis. This should be followed by supervised psychoanalysis and then by the resumption and conclusion of the analysand's analysis. Instead of facilitating the learning process, supervised analytic work during a student's analysis complicates both the learning process and the training analysis. It may prolong the training analysis without making it more effective. Furthermore, by establishing the second phase of the training analysis as a regular procedure and not as an exception, the stigma of failure, which is at present attached to the resumption of analysis after the training analysis has been "terminated," will be removed. It will pose the additional task of testing the adequacy of self-analysis and furnish the opportunity to work through the conflicts which were unresolved or activated by the supervised work. The second phase of this analysis may be short if its didactic aim has been achieved or long if it becomes a therapeutic analysis. In any case, if it is then continued for therapeutic reasons it must increase the professional skill and development of the analyst by increasing his emotional freedom.

The author does not believe that a personal analysis which is carried on "long enough" can resolve all the problems of a candidate or aid in his development. She is in agreement with Balint and Glover concerning the dangers of a psychoanalytic training system which is too dogmatic and which is part of a hierarchic training organization. In some instances, scientific independence may be recovered only at

the price of rebellion and strife but in most cases the dynamic process leads to the formation of groups which maintain the structure of psychoanalysis on the basis of tradition rather than on the basis of free investigation which should be the aim of our training program

CONCLUSION

The title of this chapter Psychoanalytic Education reflects the growing role of psychoanalysis in the field of medical education. The difficulties experienced in other areas in the development of educational standards is now being experienced by psychoanalysis.

The problems in establishing training standards are raised by Hendrick in his presidential address and underlined by Holt and Luborsky in their discussion of candidate selection. These articles leave one with the impression that we will continue to have selection problems until we more clearly define the qualities which make for a good analyst and develop techniques to ascertain these qualities.

To develop these as yet undefined attributes we expose the acceptable candidate to a didactic analysis, supervision and formal courses. Several of the papers direct themselves to the first of these the didactic analysis with special emphasis on termination. What are the goals which should determine this? Freud felt that the training analysis should eventually give way to a continued process of effective self analysis. In one of his last statements he said that the purpose of the training analysis was to set up a process which does not cease with the last analytic session—but continues to act so that ego transformation continues. Others have felt that it is sufficient for the trainee to have had repeated experiences of the power of the unconscious at work in himself. The problem of termination is ultimately tied up with the goals one sets for the didactic analysis in contrast to the therapeutic analysis. Differences between the two continued to be examined in several of the articles this year. The contaminating role of various components of the educational structure, the educational committee, the supervising analyst, courses as well as the reality role of the analyst are all alluded to by the various authors. Weigert specifically singles out the countertransference of the training analyst as a complicating factor. The general consensus seems to be that the initial training analysis should not be long drawn out but that further development should be left to self analysis and later additional analytic experiences.

To the problem of supervision Searles adds an unusual note concerning what he calls the reflective process. Reactions of the supervisor give

clues to what is going on between patient and therapist, thereby offering a technical teaching device.

Of the three main areas, the formal courses still remain to be included in the ongoing process of examination of psychoanalytic education. Perhaps this task will soon be undertaken. It is to be hoped that in the process of doing so, we may also come closer to the answer as to what makes for a good psychoanalyst.

Chapter IX

APPLIED PSYCHOANALYSIS

The papers in this section are placed in three main groups

- I Religion, Mythology, and Folklore
- II Sociological Studies and Anthropology
- III Literature, Arts, and Aesthetics

I RELIGION, MYTHOLOGY, AND FOLKLORE

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Of the papers summarized in this chapter two—particularly wide in scope—trace the most important religious developments in Western civilization: the transition from primitive Semitic religion to Judaism and from Judaism to Christianity. Several deal with different aspects of the oedipal constellation as they appear in tales, myths, religious history, and current cultural developments. Some focus on symbolic problems, others touch upon the relationship between the development of the individual and of civilization. Four papers bear upon the psychoanalytic origins and formation of the personality of the hero, particularly in relationship to the oedipus complex.

The first of the papers reviewed in this chapter is a historico-psychoanalytic synthesis of the beginnings of Christianity and a study of the psychology of its major advocate, Paul of Tarsus. In *ST. PAUL AND EARLY CHRISTIANITY*, SIDNEY TARACHOW (277) traces in careful detail the history of Christianity from its inception to the Council of Nicaea; he delineates the psychological background of St. Paul and discusses the psychoanalytic rationale of St. Paul's role in the development of Christianity, as well as the psychoanalytic implications and meaning of the transition from Judaism to Christianity.

The author deals with the birth of the Christian religion and particularly with the life of Paul who played a major role in its formation. The period covered is from the birth of Christ to the Council of Nicaea (325 A.D.). A careful scrutiny of Paul's struggle with his various defensive systems is made. The earliest defense was "his strong compulsive drive to fulfill the law in every respect," at the same time feeling a failure at this task. This reached its height in the murder of Stephen and the persecution of the Christians. In killing Stephen "he killed the brother who defied the father." "However, he soon embarked on a career of replacing the murdered brother and atoning for the murder." The political, cultural, and moral atmosphere in the Roman Empire at the time is reviewed and related to the development of the Messianic and resurrection cults which were spreading and flourishing. It was Paul's historical destiny to unite these two (Jewish religion and Cult of Mithra) invading trends into a single form, Christianity. This religion actually owes more to Paul than to Jesus. Jesus was only one of many who preached the imminent arrival of the Messiah and the Kingdom of God. His early followers were and remained loyal Jews save for their belief that the Messiah had come. Paul first appears as the persecutor of those Jews who dared to make the Son (Jesus) equal to the Father. Almost nothing is known of his early life and family except that he was a Hellenic Jew, a Roman citizen, and of a well-to-do family. He was a person with tremendous energy in a somewhat deformed body. He was prone to repeated attacks of hallucinatory revelation, but these were strongly reality oriented. He was celibate and urged celibacy but apparently struggled always with masturbatory impulses. It may be that he was in the midst of such a conflict at the time of his conversion on the road to Damascus. His conflict of ambivalence (conscious submission to father, the suppressed aggression, and his unconscious sympathy with the Christians who elevated the son) finally forced him to join the Christian camp. His masochistic character shaped the form of his conversion, making it a violent upheaval associated with severe temporary castrations. Its timing may also have been related to the heightening of his ambivalence conflict because he was acting as an official subordinate of the Sanhedrin, a position he always found intolerable. His complete identification with Christ and God had strong latent passive homosexual overtones. Once converted he had to turn his passive experience into an active one and become a missionary. Paul was bigoted, doctrinaire, vindictive, easily hurt, bitter and jealous. He felt mistreated and persecuted, but at the same time he had a strong craving for love, especially, it seems, from a father figure. He seemed always to need a male companion but there was only one Timothy—gentle and effeminate—

who could tolerate his temperament consistently over a period of years. His submission to God contrasted with his rebelliousness against men yet there was always an eagerness and hope for reconciliation. Following his conversion there was a period of fourteen unproductive years. Then a reconciliation with a father figure. Barnabas initiated his brilliant missionary career. His relationship to Barnabas was characterized by aggressiveness and jealousy. His break with Barnabas arose out of jealous rivalry with Barnabas' nephew Mark. Successful work was again interrupted until a new relationship with Luke was made. He was never able to take material things from a man but he could from a woman. The few women who appear in his life were not sexual objects but maternal ones. The events leading to his death all seem to indicate strong masochistic and even suicidal trends.

Paul's teachings emphasized Jesus' sacrificial death, not his life and works. Paul avoided the sexual and family connotations of Jesus' life. He held an androgynous concept of birth and of God; the mother's role is completely suppressed. To Paul, Christ was the center of interest, not God the Father. To Jesus, God's love came first; but for Paul, love came only after atonement and human sacrifice. Paul rejected circumcision and the Law, blaming the Law for all sin. The reunion with Christ through the Eucharist was also Paul's important oriental addition to the earlier beliefs of the Judaic Christians. Because he did not identify himself with the nationalistic aspirations of the Jews, his doctrines were eventually satisfactory to the Romans as well as to the rich.

During these early centuries, developing Christian dogma had to contend on one side with the pagan mystic cults (Mithra) and on the other with tendencies toward rationality and science (Gnostics). The Church succeeded in crushing both at the Council of Nicaea by means of a coalition between the majority of Bishops and the Emperor Constantine. There the conflict about the divine nature of Christ, the heart of his complete divinity. The Gnostics had wished to direct Christianity back to monotheism. They emphasized both spirit and flesh and tended to a more rational theology. They rejected totemism and felt that salvation came through knowledge and not faith. They did not disguise the sexual question. One group that believed matter evil—in this sense following Paul—veered in a somewhat anti-Semitic direction, believing that the god of the Jews created the material world and therefore sin. The believers in the spirituality of Christ therefore also tended to fall into anti-Semitic attitudes. It is the Pauline tendencies which have disposed to anti-Semitism.

With the Council of Nicaea, Jesus who had started as a simple hu-

man Galilean, who had been considered an earthly Messiah by some Jews had now, under the impact of Paul's deification of him, and under the political necessity of including him with other Roman gods, completed the transition, he was one with God. The Nicaean solution followed Paul's personal solution. The Son was born of the Father, yet is equal to Father. The mother (Mary) is left out, though only temporarily. The sharp division between clergy and laity was already well established, as was the alliance between Church and political authority.

The absence of art in the Hebrew culture and its proliferation in the Christian is noteworthy and may be related to the spiritualized monotheism in the former and the polytheism, mother worship and its associated magical practices in the latter. Perhaps the arts were needed as accessory magical practices to overcome the taboos against deeply prohibited acts (violations of incest taboos, cannibalistic impulses against father, unresolved sexual ties to mother, masochistic homosexual surrender to father) or to test out identifications with God or Father.

Paul's personality is the classic soil for the genesis of paranoid characteristics. Since his God is a Jewish masculine God, Christian paranoia is directed first to Jews. Anti-Semitism is a peculiarly Christian phenomenon. It was Paul who engineered the break with Judaism and in this sense he was the first anti-Semite. It was started by his perpetual conflict between his aggression and his need for surrender to father. The conversion failed to resolve his ambivalence conflict. When either tension became too strong he resorted to denial or projection via his behavior or by hallucinations. The possible relationship between Paul and an older brother is carefully examined to clarify certain aspects of his personality and development.

An earlier stage of religious development is studied by GEZA RÓHEIM (232) in *SOME ASPECTS OF SEMITIC MONOTHEISM*. In this paper, Róheim expounds the thesis that the proto-Semitic religion out of which the Hebrew religion evolved was a stern father religion which could not be endured because of the severity expected from the superego. This led to an attempt to make a covenant involving regression to the oral stage and to the dual unity of the mother-child stage.

The author attempts to illuminate Hebrew monotheism by an analysis of the Passover ceremony. The essential features of the ceremony are a circumcision, a passage through or into something, and the sacrifice of an animal which is really a substitute for a human being. Anthropological data from many sources are used to clarify the significance of these essential features. In all other cultures where it is found, circumcision is a puberty rite. The displacement to the eighth day probably

represents a condensation of a puberty initiation ritual and the sacrifice of the first born or of children in general. The Israelites explained the origin of circumcision as a way of saving the life of the child by giving the deity a substitute for it—the foreskin. The unconscious identification of the penis with the child is pointed out. Also the emergence of the glans penis from the foreskin is equated with birth. A parallel is drawn between this and the passage through the Red Sea. For this reason Passover is regarded as a circumcision festival.

The element of a covenant is essential in the Hebrew religion. The aim of a covenant is to restore peace and is sought by the weaker party to conciliate the stronger. From an analytic point of view it is seen that eating together is the typical and essential form of the covenant. The Communion or covenant being oral and ambivalent also always implies the conditional curse. Covenant rites are also related to transition or passage rites. Such rites are related to separation anxiety. In these rites there is a regression from the genital (castration anxiety) to the oral level. The covenant is thus seen to represent the reunion with the mother.

It is assumed that the proto-Semitic tribes had an image of a very severe father god who killed his first born son to eliminate a future rival. Such a father god or superego was too severe to be endured. A covenant was attempted by a regression to the oral phase and the dual unity of the mother-child stage. The pact with the Terrible Father failed. Through introjection he becomes a jealous god, a primitive superego raging against a practically defenseless ego. The taboos on pronouncing the name, making an image or seeing Yahwe are all taboos on aggression. The tremendous emphasis on forbidden food can mean only the repression of aggression that was originally oral. The Hebrews the descendants of the fierce robber Khabiru turned their aggression against themselves. Unlike them their near relatives in a healthy uncivilized way continued to direct it against their neighbors.

The author disagrees with Freud's thesis that Ikhnaton was the one and only creator of ethical monotheism which was then passed on to the Jews by Moses. He also does not believe that monotheism is the peak or root of all religions. Rather he feels that it is merely one of the fantasies by which certain people have dealt with their oedipus complex.

Yahwe is the god of the covenant, the introject, the superego while supernatural beings of polytheism are projected representatives of the libido in our own bodies. They are derived from genitality and represent ego ideal or sublimation without reaction formation. Róheim concludes that Israel is not the people chosen by the Lord but the people who chose to submit to the superego and turn aggression against the ego.

In the first of the papers dealing with oedipal problems, *THE RECOGNITION OF THE OEDIPUS COMPLEX IN GREEK ANTIQUITY*, MARTIN GROTJAHN (121) discusses some parallels in Greek drama with the oedipal legend and points out that the ancient Greeks had more than a passing awareness of the significance and universality of the oedipus complex, as well as some of the technical devices which are now utilized in psychoanalysis

Grotjahn reproduces Freud's letter (No 71 in *The Origins of Psychoanalysis*, dated October 15, 1897) to Wilhelm Fliess, wherein he outlines his concept of the oedipus complex as it was derived from his own self analysis. In this letter Freud pays his respects to the genius of Sophocles and Shakespeare for their intuitive handling of the oedipal problem. "The poetic understanding was accepted by him as a forerunner to the later scientific understanding in the framework of psychoanalytic knowledge."

Grotjahn also offers excerpts from Aristophanes' *Woman in Council* (staged in 392 B.C., or about twenty five years after the presentation of *Oedipus Rex*) which reveal that this Greek poet was "close to a conscious recognition of the general human validity of the oedipus complex in everybody." Aristophanes depicts a struggle between an old prostitute and a young one over a young man. The older woman has inveigled the younger man into accompanying her by quoting to him an alleged decree which states "Be it enacted . . . if a youth desire a maiden he shall not have to do with her before he has first lain with some old woman, if the youth refuse, then may the old woman be allowed to use violence and drag him in, laying hold of him in the middle." However, they are interrupted by the young prostitute who belabors her older colleague. "He is not of the age for sleeping with you, such a young thing as that! You are fitter to be his mother rather than his wife! If thus you carry out this law, you will soon have an Oedipus in every house." This remark sends the older prostitute away in retreat and anger.

In a second excerpt from Aristophanes' *The Clouds*, which was a satire on Socrates' play, *Phrontisterion* (or *The Low Fee Thinking Shop*) Grotjahn points to the poet's use of such concepts as the thinking shop, the couch, free association, and even the overcoming of resistances. A brief quotation illustrates some of these parallels with present-day psychoanalysis.

STREPSIADES But what use is there in learning what we all know?

SOCRATES You know nothing about it. Come, lie down there.

STREPSIADES What for?

SOCRATES Ponder awhile over matters that interest you.

STREPSIADES Oh, I pray you, not there But if I must lie down and ponder, let me lie on the ground

SOCRATES 'Tis out of the question Come, onto the couch

STREPSIADES What cruel fate What a torture the bugs will this day put me to!

SOCRATES Ponder and examine closely Gather your thoughts together Let your mind turn to every side of things If you meet with a difficulty, spring quickly to some other idea Above all, keep your eyes away from all gentle sleep

Later Socrates says, 'Come, wrap yourself up Concentrate your mind which wanders too lightly Study every detail, scheme and examine thoroughly' And then a little later, Socrates says, Keep yourself quiet and if any notion troubles you, put it quickly aside, then resume it and think over it again"

The next two papers also deal with outgrowths of oedipal problems, as they manifested themselves in ancient Greek religion and literature In the first, *DIONYSUS—A PSYCHOANALYTIC STUDY OF THE DIONYSIAN MYTH AND CULT*, MAURICIO ABADI (1) discusses the Dionysian myth and cult, particularly in relation to the primal horde theory and its psychological derivatives

Dionysus, unlike other Olympian gods, is depicted as having a more obscure origin as a terrestrial deity The many contradictions of the myth of Dionysus, which tend to confuse historians, are illuminating to the analytic investigator, indicative as they are of the work of repression The study is divided in two major parts, the first is concerned with the investigation of the unconscious meanings of the myth, and the second with the rituals The paper does not concern itself with the processes whereby the myth comes to be, rather, it translates its contents into its latent meanings and deals, to some extent, with the mechanisms involved The myth itself is found to be a representation of the primal horde parricide with all its attending consequences It is implied that the impulses which prevailed in the primal horde reappear in their distorted, disguised form in the myth, as they do elsewhere, after having undergone repression In a repressed form it represents the parricide and the cannibalistic incorporation of the father, which appears in the form of the totem animal, this instance being a case in point of the universal meaning of the totemic orgy

According to the author, some contents are more or less disguised expressions of the drives themselves others, like the unconscious fantasy of expiation have the purpose of circumventing or placating the super ego Still others are mainly restitutional phenomena Some versions of the myth make more or less disguised allusion to what appears to be a

regressive phenomenon, an attempt to return to the more primitive matriarchal order

As far as their latent contents are concerned, the rituals are almost identical with the myth itself. There is, however, one important difference, some elements in them are representations of latent contents which are not often emphasized in this kind of study: the unconscious fantasy of the triumph of the phallic woman (Bacchante) over the castrated male (bull) as well as the fantasy of homosexual surrender to the father.

Data from the Oedipus myth provide little material concerning maternal seductiveness. In *A COUNTEROEDIPAL EPISODE IN HOMER'S ILIAD*, GEORGE DEVEREUX (63) points to an incident in the *Iliad* which illustrates a counter-oedipal situation. In Book IX of the *Iliad*, Achilles is sulking and various people try to influence him to return to fight Achilles' tutor, Phoenix, Lord of the Delopians, in his plea, reviews his own background and his reasons for being a tutor. His father's involvement with a concubine was so offensive to his mother that she asked Phoenix to avenge her by seducing the concubine so that the latter would 'hate her old lover'. The father discovered this deed and had a curse placed on his son so that he remained childless. Relatives sought to appease Phoenix with innumerable banquets but he fled and became Achilles' tutor.

It is interesting that the relatives attempted to appease Phoenix and not the father who had been wronged. This presumes that the father had had his revenge, which was so complete that sympathy was due to the son. The banquets, with their oral gratifications, support the idea that the punishment was castration itself, and therefore more regressive pleasures had to be offered.

Phoenix' mother was proud, instead of committing adultery herself in revenge for her husband's infidelity, she arranged to have the concubine commit adultery via her son. This has incestuous implications—adultery by proxy. The author feels that these implications were obvious to the father, hence the savage curse.

There are implications that the father of Phoenix was somewhat impotent and the mother was dissatisfied with him as the concubine was to become. This further implies a vicarious incestuous pleasure by the mother in her son's behavior.

The Phoenix episode is a classical Oedipus situation. Also, it clearly illustrates the counter-oedipal situation, wherein the mother is seductive to her child and encourages him to attack the father's potency. This demonstrates the 'taught' aspects of the Oedipus complex. In mod

ern society there are innumerable examples of sons avenging their mothers by killing fathers or father substitutes which involves a kind of teaching of the Oedipus myth. Very often there is family joking in which young children are encouraged to say they will marry the parent of the opposite sex. This too constitutes teaching of the myth. The author feels that the counter-oedipal impulse requires more study and consideration.

A variation of the same motif presented in the foregoing paper is found in SANDOR S. FELDMAN'S (84) *THE SIN OF REUBEN*. FIRST BORN SON OF JACOB. The author analyzes a somewhat obscure passage in the Book of Genesis concerning the relationship between Jacob and Reuben and concludes that it relates to a displaced incestuous wish by Reuben and to the symbolic castration of his father.

The author attempts to fill an apparent omission in the Biblical text Genesis 35:22. And it came to pass when Israel dwelt in that land that Reuben went and lay with Bilha his father's concubine and Israel heard it. Now the sons of Jacob were twelve. The omission occurs between the first and second sentences. Using the commentaries of Hebrew scholars and rabbis as well as psychoanalytic insight he postulates that the passage should read: Because Reuben lay with Bilha his father's concubine Jacob was shocked, suffered a traumatic sexual impotency and therefore Jacob had [only] twelve children. He believes that this part was omitted in order to spare Jacob's reputation. The author adds that certainly one of the major motives for Reuben's deed involved a displacement of his incestuous wishes for his own mother Leah onto his father's concubine.

The emergence of oedipal motifs and their manifold derivatives in fairy tales are clearly illustrated in *THE MEANING OF THE CINDERELLA STORY IN THE DEVELOPMENT OF A LITTLE GIRL* where BEN RUBENSTEIN (242) follows the lead of Freud who pointed out the relation of fairy tales and myths to dreams, hysteria and psychosis. Rubenstein indicates that the sexual symbolism in the tales is identical with dream symbolism and that the universal attraction of fairy tales is based upon the ego-syntonic character of the libidinal strivings involved.

The author's interest was stimulated by his young daughter's identification with a specific fairy tale heroine, Cinderella. The little girl's younger sister had been punished by the father for unruliness. Instead of being pleased at the implied triumph, the older sister began to scream and cry and complained that her knee hurt. Although she was not really hurt, she was inconsolable and allied herself with her punished

sister Following this she asked why her father had treated her like Cinderella, compelling her to do all the hard work in the household She then picked up the broom and while sweeping vigorously, said "You won't let me go to the ball You make me iron my sister's dress" Immersed in the fantasy, she went on to tell her little sister how pretty and lucky she was and how their good father did not like what the mean stepmother did to her because she was beautiful

This episode led the author to re-examine the Cinderella story The least disguised wish of the tale is the method of resolution of the sexual rivalry with the mother The stepmother is the sexual rival The good mother has been made to die because she was the rival, now, because the good mother is gone, the bad mother is the rival The wishing tree grows aptly on the grave of her mother

Cinderella as the drudge appears to be a masochistic reversal of the sadistic wishes which children feel for their mother and siblings This is close to the projection of the paranoid Cinderella accepts her lot because her mother and sisters are bound to be punished and she will surely get her prince The narcissistic gratification arising from a heightened level of self esteem deriving from the severe reaction formation is similar to that seen in compulsive neurotics

When the father asks what Cinderella wishes to have brought to her, she tells him to break off the first twig which strikes his hat, the tree that grows from this twig grants all her wishes Patently this appears to represent the penis envy and phallic aspirations of the little girl The phallic strivings have undergone the transformation of another favored fairy tale theme, that of the sexual pursuit of the daughter by the father In the Cinderella story, this is symbolized in the father's smashing the pigeon house where Cinderella is hiding, and of the pear tree where she hides on the second night Each time this is done to prevent her from marrying the prince

Cinderella remains firmly fixed in her oedipal strivings since the good mother is dead and the bad mother, the rival, is a stepmother who persecutes her Employing the defenses of regression, projection, and magical thinking in order to satisfy her superego, she becomes a poor little servant Magical thinking permits her to accept this role since her wishes will surely be granted in the future Her phallic strivings are now transmuted as the magic phallus which becomes the total girl who will be beaten

The author's five year-old girl was in the phallic stage She regressed and became infantile, retreating from massive jealousy The child's wish to be beaten and the father's attack on Cinderella with the axe appear to be of a kind with Freud's "A Child Is Being Beaten" The identifica-

tion with Cinderella contained a portent of the coming latency, the equivalent of which is the long waiting sleep of the Sleeping Beauty. Expressed in the identification was the tacit recognition of her minute clitoris with the accompanying fantasies of castration and of being beaten in masochistic fashion by the father.

Motion pictures are modern substitutes for the myths and fairy tales of earlier times for films are often adaptations of older stories which reassert timeless unconscious themes. They reflect their relationship to both obvious and disguised wishes and defenses. *CENSORSHIP IN FILMS AND DREAMS* is discussed from this standpoint by JOHN SKINNER (260). The family romance appears to be a fantasy as common in story writers as in neurotics, yet authors do not know the origin of their creative fantasies. Lewis Carroll is quoted as an example of an author who had no awareness of the meaning of the symbols he used.

The motion picture is a fantasized release, even to the point of being shown in theaters which are copies of palaces or mansions. The film writer is regulated by a tradition of censorship which he must consciously employ, as he is forbidden to portray socially tabooed themes. He must write of romantic monogamy, mother love, friendship hatred of accepted villains, and anger against commonly accepted enemies. The naked and violent themes of Greek myth were in the Middle Ages expressed in symbolic forms. Similarly, the motion picture allows as do the dream and the fairy tale limited excursions into the unconscious. Charlie Chaplin is an example of an artist whose appeal is universal because he expresses universal problems of man. Yet motion picture audiences refused to accept the raw universal oedipal conflict of Eugene O'Neill's *Mourning Becomes Electra*, often laughing at the frank sexual love for the parent expressed therein. Motion pictures often pervert original story themes to express personal unconscious needs. The roles of men and women are modified and often reversed. Unconscious homosexual themes interfere with a mature love relation e.g., in *The Outlaw* and *Red River*. The author documents further the unconscious fear of women reflected in motion pictures. He quotes Grotjahn to the effect that the oedipal crime is antedated by a crime against the mother—murder or rape.

A dream of a ten year-old boy quoted by the author points up a universal theme in the unconscious meaning of films. The boy asked a friend: 'Do you ever dream you're fighting the bad man in the movies and he turns out to be your father and you turn into a ghost and come back and kill him?' Films are notorious for discharging such aggressive fantasies. The enjoyment of the film is essentially a passive activity,

which does not permit participation by the audience in the expression of genuine emotion

The next two papers, both by Zeligs, deal with character studies of Biblical figures. They illustrate different examples of the way in which the superego emerges as an aftermath of instinctual conflicts and the oedipal struggle. Both papers contain implications bearing on the origins of the psychology of national leaders and heroes.

IN *THE PERSONALITY OF JOSEPH*, DOROTHY F. ZELIGS (298) poses the question of the basis of the universal response to Joseph's personality. She concludes that a large part of this appeal is due to the fact that he is so human, which offers so many possibilities for identification. In this respect, it is noteworthy that Biblical heroes are now thought to have been actual people, not heroic prototypes of tribes.

The fact that Joseph was the favored child of Jacob and Rachel had an effect on his character development and life experiences. Having worked out his own sibling rivalry to Esau and sufficiently resolved his own oedipal conflict to his father, Isaac, Jacob was a mature man who evinced little ambivalence to his son, Joseph. Rachel, sturdy and independent but barren, bears a child vicariously through her handmaiden who delivers it upon her mistress's knees. Rachel competes with Leah, her sister, who became Jacob's first wife by the trickery of Laban, their father. Jacob's mother is also Rachel's paternal aunt and so is a mother surrogate for him. Finally, Joseph is Rachel's first child in the seventh year of her marriage.

When Joseph was six years old, Rachel died in childbirth. As the favored son, Joseph received special gifts, of which the most famous was the coat of many colors. To counter the consequent anger of his brothers, Joseph bore tales against them to their father. The brothers also hated him for his arrogant dreams in which their sheaves bowed to his and the sun and the moon and the eleven stars bowed to him. The latent content of the dreams reflects the ambitions of an adolescent youth in a competitive struggle with his brothers and also constitutes a defense against anxiety over their hostility. The brothers wish to kill him but are dissuaded by the oldest one, Reuben. Instead, they strip him of his coat and cast him into a pit. Finally, they sell him into slavery in Egypt and bring back his torn coat to the distraught Jacob.

The author feels that this period is the test of the strength of Joseph's ego. He is alone for the first time and in the hands of strangers yet is made slave overseer of Potiphar's household. The episode with Potiphar's wife, which has oedipal overtones, reveals a well formed ego.

and superego in Joseph Potiphar treats Joseph leniently merely imprisoning him. Thus again Joseph is the victim of the drives of others. By hard work and loyalty in prison Joseph once more wins approval. Among dreams which he interprets while there is that of a former butler of the Pharaoh. At the time the butler is out of favor but when restored to favor he remembers Joseph's talent in this respect when the Pharaoh has a dream which none can interpret. He suggests calling upon Joseph who makes a successful interpretation.

Joseph's reunion in Egypt with his brothers brings out the flexibility of his ego and warmth and shows that his adolescent dreams were defenses much more than evidences of a rigid narcissism. The result of the test of placing a silver goblet in Benjamin's sack is evidence to him that they have undergone a change of heart. When he tells them who he is it is not in a mood of narcissistic triumph but in an outburst of love and longing. A large part of Joseph's strength comes from this inner harmony because of his trust in a beneficent God. His sense of self identity is demonstrated in his request to be buried with his father in Canaan.

Joseph's early and late life experiences reflect a definite psychological continuity. Whether this is because the Joseph stories possess historical truth or because they are the product of a people with a strong intuitive understanding of personality development is difficult to say. Probably both factors are relevant. The people of Israel have these insights because group ideals are directed to ethical values. Its heroes are not mythical but real people. The appeal of the Joseph stories is inherent in the human quality of struggle and achievement.

As with Joseph DOROTHY F. ZELIGS (297) attempts A CHARACTER STUDY OF SAMUEL from the Biblical text. The lasting significance of Biblical stories is seen in the Biblical figures who offer attempted solution of universal human problems—the conflict between instinctual and moral forces. The personality of Samuel provides an opportunity to study the psychology of leadership. He was the last of the judges and ushered in the period of the prophets. He acted as a unifying force when his people were threatened by the Philistines.

His birth sounds like a variation of the myth of the birth of a hero. His mother Hannah who had been childless implored God in silent prayer for a child. Angry at His rejection she wished to triumph over a rival wife who was fertile. To Hannah the birth of Samuel meant an answer to her prayer. In Samuel's infancy he was returned to God as Hannah left him at the temple in charge of the priest Eli. Zelig's concludes from this that she was a woman with a large amount of narcissism.

which had been wounded by her barrenness. She was a "phallic" woman to whom the child symbolized a penis. When her narcissistic wound was healed by the birth of Samuel, Hannah's tensions were lowered and she was able to produce more children. Returning Samuel to God is a sublimated form of child sacrifice. There is a reversal of the usual oedipus myth; it is not he who is guilty of wrong doing, but his people (symbolic of the mother). Samuel rescued his mother from conquerors and strange gods and brought her back to the father. By sublimating his incestuous wishes and identifying himself with the father, he shared in his omnipotence. This enabled him to function as a spiritual leader and hero. Zelig suggests that the mother's narcissistic character may have hastened Samuel's ego and superego development.

Samuel's father is thought to have been a passive kindly man for whom the substitute was Eli, the priest, with whom a close identification must have followed. Samuel's character developed along the lines of submissive obedience to God, accompanied, however, by a sense of personal destiny. He seemed to have accepted wholeheartedly the goals that were set for him; this harmony between the ego and superego ideals may have been one of the main sources of his strength.

Samuel's call to service came as a hallucinatory revelation from God. At first he thought that Eli was summoning him, but Eli realized that an unusual event was taking place and told Samuel how to reply. Samuel's call was associated with a prior message of which Eli was the recipient: his two wicked sons would not succeed to the priesthood; they would be cut off in the prime of life.

Samuel's reputation as a prophet became firmly established throughout Israel while he was still a youth. When he was twenty-two the Israelites were defeated in battle by the Philistines and the Ark was captured. Eli's sons were killed and Eli himself died upon hearing the news. Zelig suggests that as a servant of a now rejected people, Samuel suffered a return of his own feelings of rejection and abandonment, and he returned to the home of his early infancy. According to Biblical chronology, twenty years pass before we hear of Samuel again.

When the Biblical story is resumed, Samuel is serving as a circuit judge and once again he leads his people into battle against the Philistines, this time successfully. Later, the elders come to Samuel and request that he appoint a king over them as he was elderly and his sons were not worthy to succeed him. Zelig interprets this event as the third great abandonment in Samuel's life. However, God reassures Samuel by telling him that it was not Samuel whom the people rejected but God himself. Nevertheless, Samuel later chose Saul as King of Israel. The author speculates that the choice was made on the basis of an unconscious

Prometheus of the Greek myth and of Goethe's poem, and the author's patient), only the mythological Prometheus succeeded in freeing himself completely from infantile fixations and incestuous attachments.

Recurrent motifs in myths reflect unresolved human problems. One of these themes is the sacrifice or self-sacrifice of a demigod who created the world out of himself. Following the general outline of Rank's view that every creation is a self-sacrifice, Huckel views Prometheus as an embodiment of this type of hero. Yet the hero does not sacrifice himself without reward, because he gives his life to gain a bigger goal. His body becomes the universe itself. Prometheus was not dismembered to form the world; he sacrificed only one part of his body for his creation, mankind.

Whereas Huckel visualizes Prometheus, the hero of mankind, as a typical son figure, HAROLD FELDMAN (83) in *HOW WE CREATE "FATHERS" AND MAKE THEM "SONS,"* deals with Rank's criticism of Freud's theory of the leader. Rank's theory is grounded on the idea that the son, not the father, is the source of leadership and that the hero is primarily a son. Feldman proposes that the "great man" is primarily a father figure, while the hero is a son figure and that the interaction of son and father elements is a necessary feature in every leader; it is the relative proportions of the two elements which determine whether the leader is a hero or a "great man."

Feldman believes that Rank's error lay in his approaching the leader problem entirely from the standpoint of the rebel hero, neglecting the possibility of transition from one image to the other and their interdependence. How sons create a father in their own image is revealed in the growth of the superego which is based upon the internalization of the parent's projected image. These father images are necessary for the integrity of society. Obsolete "fathers" may be supplanted by new father images; they may at times disappear or be incorporated into the new image. The degeneration of Zeus and King Arthur are examples of this process.

Father images may be dethroned and become castrated son images. The son destroys the father, not in his name but in that of the grandfather. In mythology and religion, father images are often depreciated. Mohammedanism, for example, reduces old heathen gods to son devils or son angels. In Christianity, Christ tries to replace a strict monotheism by a family of Gods. Christians make their father image into a God by submitting him as a punished Son of God. Because of its obsessional monotheism, Judaism conceals its compromises: Moses, a son hero, represents a demoted father image.

Otto Rank and Lord Raglan show that myths about heroes, gods, and great men of ancient times are very much alike, but they both overlook the fact that some are rulers and others heroes of adventures who rule only in a minor way if they gain a kingdom. The latter become rulers in kingdoms other than those into which they were born while the former become kings in succession to their fathers. The phenomenon of the great man who succeeds his father, founds cities and promulgates laws appears to represent a patriarchal stage in the evolution of human society. The hero, who is often antagonistic to his mother as well as to his father and must leave his tribe and become king elsewhere by marrying a chief's daughter, suggests the effects of a matrilineal society. The great men are father images in patriarchal societies while heroes are son images in matrilineal societies, apparently an earlier form of social organization.

The psychological sequence appears to be as follows. The first body known to the child is that of his mother. Soon resentful of his inability to make her respond to his demands, he wishes to cannibalize this giantess but fears reprisal of an identical kind. In the subsequent anal period, it is the discovery of the father which provides the escape from the eat-or-be-eaten dilemma. According to the author, there now ensues a sexual confusion and the concept of the phallic mother is dominated by that of the father which also has breasts. Now the ego ideal of the father emerges, that of the self-provider with the penis that attacks and possesses the mother. This father image too, as all images of introjected parents, is charged with the aggressive fantasies of the child. Thus the ambivalence to the father replaces that toward the mother. The child identifies himself with the father and replaces him in the mother's bed. The first social crisis is posed by the problem of rescuing the mother from this monster. The threat to the boy is that if he persists in his rivalry to his father, he will lose his penis as the mother did. The self-image patterned upon the father's image is replaced by the image of the son, castrated and expelled for trying to usurp the father's place. This conflict, reinforced by infantile megalomania, is at the core of the myth of the hero.

Matrilineal ideologies generally refer to a murdered animal ancestor and to an original goddess mother. The legends of such societies abound in monster slaying and incest. In time, the murdered ancestor appears to be the father, but the parricidal and incestuous hero does not replace his father, and he must find a home elsewhere, in the tribe of his wife. With the advent of private property and patriarchy with its associated decline of the matrilineal gens, there is a change in the hero fantasies. The hero, who formerly was a castrated castaway in search of his phallic

mother and his motherland, gives way in patriarchal society to the 'great man' who has identified with the father and succeeds him in his power

The next five papers deal, on different levels, with problems which may be grouped under the general heading of symbolism in myth, religion and everyday life

In *THE WOLF AS CONDENSATION*, ELIZABETH CRAWFORD (54) studies the manifold symbolic meaning of the wolf, particularly as a simultaneous symbol for mother and father

The wolf's habitat is widely spread throughout the world. It is usually depicted as bad, evil, cruel, voracious. Yet, in myth it may suckle the human child and take the place of the mother. In many legends the wolf as symbol is associated with cannibalism and incorporation, but in other stories he is protective. Sometimes the wolf is male and sometimes female and can represent father and mother, eating and being eaten, danger and safety or rescue, evil and good, and the excitement and fears centering around sexuality. The story of Little Red Riding Hood is used to illustrate various symbolic themes connected with the wolf. In this tale the wolf appears to represent good and bad, giver and taker, sexual object desired and feared, mother or father as a pleasant seducer and then as danger—a composite of mother and father where a lack of differentiation or discrimination of attributes is related to oral aggression (where hunger means being devoured by grandmother, mother, wolf, father) and sexual reproductive characteristics (fantasy of rebirth from father's stomach). The author also discusses the story of *The Wolf and the Seven Kids* illustrating the various symbolic meanings.

From a theoretical viewpoint this condensation is explained by the fact that although oral needs are usually met by the mother, they ultimately invade the father-child relationship since oral needs continue for life. Thus the father figure and the wolf which may stand for him, may be woven into pregenital patterns which are usually considered to be characteristic of the mother figure.

In *THE NUMBER THIRTEEN AS A CASTRATION FANTASY*, SIMON ROTHENBERG and ARTHUR B. BRENNER (240) present the case of a passive and morally masochistic male patient who had adopted the number 13 as an obsessional displacement to ward off sadistic fantasies and they study the symbolic significance of this number in folklore and religion. A complete summary of this paper is presented in Chapter IV.

Still along symbolic lines H. WHITMAN NEWELL (199) presents *AN INTERPRETATION OF THE HINDU WORSHIP OF SIVA LINGA* in which he discusses the worship of Siva which is usually carried out by worshipping the Siva Linga a stone phallic idol. He describes the idol and speculates as to its significance.

In Hindu worship one finds the trinity of Brahma the Creator Vishnu the Preserver and Siva the Destroyer. Siva a complex god with over 1000 titles is the most popular. Besides being the destroyer he also represents the restoration of the consequence of destruction; he is the ascetic, the worker of miracles through penance, and the god of arts. Worship is not of his full image but of the Linga which is small and made of stone. The idol has a base which rises up and forms the middle of the second part, a horizontal platform with a pear-shaped outline, the Gouripatta, through which the third part, a perpendicular cylinder, the Linga, juts out. Typically a temple worshiper carries a coconut shell full of water with blossoms or petals in it. As the Linga is passed the praying worshiper empties the water and blossoms on the idol while caressing the top of it with the other hand.

Hindu psychoanalysts T. C. Sinha and G. Bose have interpreted the Linga as representing coitus; the Gouripatta represents the vagina and the Linga the penis. However, there is speculation as to why the penis projects upward from the vulva in the symbol. It has been suggested that this represents the fantasy of a child observing parental intercourse from the womb. According to Bose, it illustrates the child's wish to have coitus with the mother from inside the womb, while Sinha points to the bisexuality of the symbol.

The author feels that the idol doubtless symbolizes coitus. However, he believes that rather than coitus seen from within, the Siva Linga symbolizes bovine intercourse. Indeed, the importance of cows and bulls in Hindu religion is well known. In the author's opinion, if the idol is rotated 90 degrees it becomes a representation of the bovine vulva being penetrated by the bull's penis. He also notes that by representing the male and female sex organs alone, the idol symbolizes the castration of both sexes, an interpretation which relates to the state of castrated humility in which the true believers are supposed to approach the god.

Symbolic motifs related to those presented in previous papers are found in *INSIGHT WITHOUT THEORY: A PHOBIA IN THE SIXTEENTH CENTURY* in which ROBERT PLANK (223) describes a phobia of Felix Platter, a Swiss physician well known in his times, who attributed many mental diseases to supernatural agents and considered their care the proper province of the clergy. Obsessively clean as a child in his autobiography

Platter reports that he was repelled by his sister who cut rings from the broiled necks of chickens and stuck them on her fingers. She then ran after him to touch him with the fingers thus adorned. Disgust of such rings of flesh was extended to all finger rings which he never wore or touched, and the same antipathy was felt toward all round or perforated objects.

The pursuing flesh-ringed fingers suggest phallic images and castration anxiety. It is of interest, however, that Platter published an infantile experience in which he soiled a new pair of trousers. His cleanliness therefore appears to have been a reaction formation. The author suggests that the phobia may have been related to repressed experiences of anal digital manipulation. Platter was able to understand that his phobia was rooted in his childhood experiences but failed to see that it resulted from a conflict over infantile sexual drives. He was a forerunner of analysis, but access to the depths was not granted to him.

In the following paper, CLARENCE A. SEYLER (256) analyzes two SLIPS OF THE TONGUE IN THE NORSE SAGAS. He draws attention to the fact that the superstitious dread of the slip of the tongue is grounded in the repressed feelings of guilt from which it originated.

In the Earl's Saga, the story is told of the warfare between two former kinsmen and friends, Rognvald and Thorfinn. Rognvald had burned Thorfinn's house over his head, and although his body was not found, Thorfinn was presumed to be dead. One winter evening, as Earl Rognvald sat with friends before a fire, the fire-tender said that the supply of firewood was short. The Earl said, "Then are we full old when these [fires] are burnt out." He had meant to say that they would be full warmed. When he realized his error, he remembered that when he had corrected a slip made by his foster father, King Olaf, the king had told him that if he ever made a slip of the tongue he would have but a short time to live. "May be that my kinsman Thorfinn is still alive," he said. Thorfinn suddenly appeared, set fire to the house, followed the escaping Rognvald, and killed him.

In the Earl's mind was the unconscious fear that his kinsman was not dead and that the fires of his own life were perhaps nearly burned out. He remembered King Olaf's slip and now spoke his own fear that Thorfinn was alive. King Olaf's slip had occurred just before the battle of Sticklestead when the King was watching the gathering of his enemies, the Norwegian freemen (*bondir*). There were berries growing on the mound where the King stood, and he squeezed some in his palm. He saw the banner of the freemen set up, and said, "Miserable berries." Rognvald commented, "You made a slip of the tongue just now, King,

you must have meant to say people Thou sayst right Earl said King Olaf Thou will not make a less slip of the tongue when thou hast but a short time to live

The King watching the assembly of the freemen he had tried to crush committed the symptomatic act of crushing the berries. The verb used in the saga is *renna* which means to make run as the juice of berries the blood from a wound or the flight of foes. The King wanted to crush his enemies and put them to flight but feared the numbers and spirit of the *bondir*. He intended to say miserable people (*vesol lith*) which produced an association to life (*lif*) and to live (*lifa*) suggested by his answer to Rognvald that he would also make a slip when he had but a short time to live. The verb *litha* from which *lith* is derived means to go or pass away. *lifa* means to live or be left and *lik* means body or corpse. *Lif* suggests *lofi* the word used in the saga for the hand in which the King squeezes the berries. The freemen are the *bondir* (from *bua* to live associated with *bua um lik* to prepare a body for burial) which sounds like *ber* (berries) which in turn may be associated with *beria* (to strike). The suppressed thought was: Perhaps this miserable crew (*lith*) of *bondir* will cause me to lose my life (*lif*) and be crushed as I now squeeze these berries (*ber*) in my hand (*lofi*).

The superstitious dread of a slip of the tongue has its origin in a dim perception of an infirmity of purpose which contributes to disaster. Rognvald was fighting his own kinsman and had a repressed sense of the evil of his deeds. Olaf had been a hard master to the freemen and must have felt conflict between his heathen barbaric instincts and the new Christian religion of peace. As Frettd pointed out most superstition signifies fear of impending evil punishment for ones suppressed hostile wishes.

Summary

There are two papers in this section representing a broad historico-psychanalytic synthesis of the beginnings of Judeo-Christian religion basically dealing with the transition from mother to father religion. They are concerned with both the pregenital and genital drives involved. In the rest of the material the main emphasis is placed on oedipal problems and their derivatives while much less attention has been given to the relationship between pregenital problems and religious mythological and folklore expression. Even so the papers are of considerable interest as they investigate many facets of oedipality particularly in relation to those vicissitudes which lead to the formation of the superego. The papers dealing with the psychological formation of the hero are of particular significance in this respect.

There has been little emphasis on correlation with clinical data. As has been pointed out in the past, whenever possible, the correlation of cultural material with the findings of everyday psychoanalytic practice would be most advantageous for both the theory and the practice of psychoanalysis, and greatly broaden the scope of this branch of psychoanalytic knowledge.

II SOCIOLOGICAL STUDIES AND ANTHROPOLOGY

RENATO J. ALMANSI, M.D.

In view of the close relationship between the two fields and of the considerable difficulty which a distinction between anthropological and sociological works often entails, the papers reviewed in this section will not be subdivided in the categories of sociology or anthropology but rather according to the main area of interest to which they appear to belong conceptually. The papers therefore appear under three sub-headings:

- A Methodology
- B Critique
- C Study of Psychoanalytic Factors in Social Phenomena
 - 1 Social Institutions
 - 2 Group Formation
 - 3 Politics

A Methodology

This group includes two papers, both demonstrating the efforts of anthropologists to search for criteria and methods which may enable them to expand the scope of their research from the psychoanalytic investigation of primitive societies to the much more complicated tasks involved in the study of social phenomena in the complex cultures of today.

In the first paper, *COMMENTS ON ANTHROPOLOGY AND THE STUDY OF COMPLEX CULTURES*, SIOVEY AXELRAD (10) extensively explores the theoretical difficulties as well as the practical problems arising out of the psychoanalytic investigation of these types of culture, and makes an attempt to define and delimit those spheres in which the anthropologist may be most successful in his research to evaluate his present

tools and to suggest new ones that may be of use to him in the field that he has so recently entered

Within recent years the scope of anthropologic research has widened from the study of primitive to that of complex cultures. Unfortunately, the frames of reference useful in the earlier work do not apply when more complex groups are brought under investigation. As individual anthropologists shift to this newer study the demarcation between anthropologists and sociologists breaks down so that it becomes difficult to distinguish between them.

In studies of a primitive culture—one that is not literate and whose social structure is based on small groups and a simple form of technology—the culture as a whole is seen. Every aspect of the culture is related to every other aspect. The tendency has been in studies of complex cultures to carry over this hallmark and to see each culture as a whole assuming the homogeneity of the culture. This assumption is found wanting in terms of the complex cultures that exist today. Failure to change this assumption leads to data about a complex culture that can only be brought to the level of hypothesis making. The latter may be impressive for its ingenuity but it is not truly a contribution to science since the hypotheses are not subject to verification.

Another drawback to this kind of research is that while it may be effective in dealing with superficial patterns the more the processes under investigation are affected by dynamic unconscious determinants and are noninstitutionalized and noninstitutionalizable relationships the greater is the error in the data collected. Almost universally the anthropologist tends to omit unconscious determinants from consideration of the type significance and impact of his data or may at best use such data as he may obtain in order to prove or disprove some poorly conceived psychoanalytic theory. Part of this difficulty is due to the lack of a working definition of personality. In most anthropologic writings personality and intrapsychic life are used synonymously. Intrapsychic life is used to refer to part of the personality or to the total personality. It can mean structure, content or both and there is very little agreement between anthropologists as to its meaning. The intrapsychic life of man can be conceptualized in a variety of ways. There are three fairly well defined views: learning theory, perception theory and Freudian psychoanalysis. Each of these is discussed briefly and Freudian psychoanalysis is taken as the most useful and accurate theory of personality partially because it contains the most logically interrelated set of propositions that are applicable to human psychology.

In the application of psychoanalysis some investigators operate with the belief that the experiences of infancy and earliest childhood

should be sufficient to determine major aspects of adult personality and do not consider the vicissitudes of later development, including actual living situations existing at the time of the study. Other anthropologists overlook the distinction between dynamic and genetic propositions, while many appear to have been completely oblivious to the discovery of the ego. Still other writers tend to emphasize only one aspect of infantile experience and on this basis attempt to delineate adult cultural characteristics or may use a variant of psychoanalytic theory and find it is not possible to integrate psychoanalytic theory with the anthropologic work being done.

Much work of anthropologists in the field of culture and personality takes the form of statements about character. However, character is usually considered by them to refer only to the libidinal organization represented by the character type omitting such factors as the resolution of the oedipal conflict and the effects of specific childrearing practices on the resolution of this conflict, personality changes that take place through adolescence are not considered, so that characterologic studies as reported by various anthropologists do not meet the criterion of fully utilizing the psychoanalytic theory of the total personality development. In other words, anthropologic studies tend to leave out many of the factors necessary to arrive at an accurate diagnosis. One result of these considerations is the observation that anthropologists, to apply their full knowledge, must undergo psychoanalytic training as well as training in their particular field of social science. The difficulty of training nonphysicians in psychoanalysis is commented upon. The possibility of psychoanalytically trained physicians entering the field of anthropology is considered to be only slight. Therefore the author concludes that some means will have to be found to train anthropologists adequately in the methods, techniques, and knowledge of psychoanalysis.

The difficulties which may arise in the formulation of certain basic concepts when subjected to an interdisciplinary approach are highlighted in a paper by R. E. MONEY KYLE (194), *THE ANTHROPOLOGICAL AND THE PSYCHOANALYTIC CONCEPT OF THE NORM*. The author reviews the differences in the criteria of normality which exist between anthropologists and psychoanalysts and reaches what he considers to be an objective definition of what this word should mean: a condition of the mind characterized by its being rational because of its "being undisturbed in the capacity to form true beliefs on the evidence of sense perceptions", this definition also encompasses emotional qualities, as a rational mind conditions specific affective traits of character.

The attitudes toward the concept of 'normality' have changed with

the generally changing scientific atmosphere brought about most specifically by Einstein's theory of relativity. With this change the anthropologist has come to regard a normal person as one who is well adapted to the society of which he is a member and who finds its culture congenial. This is only a relative norm and does not take into consideration whether the society itself is normal. For the psychoanalyst, however, people may be normal even if they are maladjusted to the particular society in which they live and even if they dislike its culture. In fact the analyst attempts to work toward a norm for individuals which is independent of their society.

The standard of normality used by the psychoanalyst has changed. Fifty years ago anyone free of gross hysterical, obsessional, or psychotic symptoms would have been classed as mentally normal. With the widening scope of psychoanalysis this criterion no longer holds. Freud equated normal with a full and uninhibited capacity for both work and pleasure. This is a standard that is not independent of the social setting and is one that is useful as a test but not as a definition. It is interesting to note that the concepts of normality and health have been narrowed with the passage of years because the concept of illness in which analysts are interested has become broader. One analytic definition of the norm might be a limit of freedom from pathological mechanisms and symptoms—a limit that can never really be achieved in practice. In a practical sense normality is taken as a situation in which defensive mental mechanisms function at a minimum. Put differently, the least functional disturbance in the capacity for rational thought is the closest approach to normality.

It follows that it is necessary to understand the purpose and development of rational thought. This is considered in terms of the mechanism which may be later used defensively. To the extent that this mechanism does not interfere with rational thought the individual approaches normality while conversely the greater the defensive use of this mechanism and the greater the interference with rational thought the greater the degree of disease present. The author illustrates this thesis by using some of the concepts of Melanie Klein. Since every defense mechanism tends to produce a corresponding character trait (paranoid, schizoid, manic, etc.) a rational mind which is free of these defenses must also be free from the traits produced by them. This is an important consideration since the normal mind is not only rational and cognitive but is also affective and has a moral character. A deep analysis following the Kleinian approach tends to change the moral character from an authoritarian to a humanistic one which Money Kytle feels is the type of character that a completely rational mind would always have. The thera-

peutic consequences of this point of view are that the therapist is concerned with the adaptation of individuals as such

B Critique

The material listed under this subheading includes one paper and two books which discuss, examine critically, and amplify some of Freud's views particularly those concerning the oedipus complex and the relationship of man's instinctual life to civilization

WARNER MUENSTERBERGER (196) writes *ON THE BIOPSYCHOLOGICAL DETERMINANTS OF SOCIAL LIFE IN MEMORIAM GÉZA RÓHEIM*. Following Géza Róheim's studies, Muensterberger causally correlates man's psychological dependency, his need for maternal gratification, and his anxiety when threatened with separation, to the slowness of his intrauterine and early postnatal development. In turn, this early situation of helpless need for maternal support represents the first instance of a general situation which will find a new expression later on in the oedipal constellation.

Géza Róheim's life work was the study of man and society, in which he emphasized the all important role of man's delayed independence. Based on this fact, he understood the independence of sex from procreation, the importance of fantasy and memory, and explained the source of man's woes, conflicts, and greatness, finally arriving at his ontogenetic theory of culture. He believed, as did the sociologist Thomas, that the characteristic helplessness of the child was the source of human superiority. Later Bolk termed this slow maturation a "retardation," the major consequence of which was the intensification of the mother-child relationship. This basic biological fact (viewed as the unalterable id) leads to a variety of adaptations but also to great similarities in widely divergent cultures.

The ability to sublimate (to achieve gratification of drives in socially accepted forms) and the need to survive are present in all cultures and find similar solutions in many. Freud focused on elements surrounding man's relation to his love objects and found a parallel in the horse phobia of Little Hans and the totemistic institutions of primitive tribes. He proposed an explanation of incest taboos which Murdock termed "the only available explanation." This led Róheim to formulate his understanding of culture 'as a defense mechanism against certain libidinal strivings. Freud's explanation was based on the existence of the primal horde, the universality of the oedipus complex, and the phylogenetic inheritance of acquired characteristics. Observable facts did not seem to support some of these theories and Róheim set out to re-evaluate them. Since anthropologists found no evidence to support the theory of the

primal horde they contested the universality of the oedipus complex. Clara Thompson believed the oedipus complex as Freud described it was to be found only in a monogamous patriarchal society.

An examination of an Indonesian tribe the Mentawaians showed they observed a taboo against sexual food and hunting activities through most of the year. Anthropologists could not understand these taboos which are quickly understandable from a psychoanalytic orientation. Custom allows a woman premarital sexual experience and the children born are cared for by the father's family. Only after a sexual relationship has been sustained and a number of children have been born does a marriage take place at which time the new husband becomes the official father of all the children. The early children suffer constant rejection from the mother and consequently are forced to deal with quantities of aggression directed toward the mother and great separation anxiety.

The tribal myths deal with these problems. In one example a father brings home some fish for a meal. The mother cooks this and some bananas for them. Her son replaces the fish with snakes and the bananas with banana skins. When these are served mother and father quarrel and the mother leaves home. The children find her in the woods the next day and she nurses the young boy. As the children sleep she again disappears and turns into a deer which later by accident the father shoots. The myth illustrates the boy's separation anxiety and the rivalry with the father. The tale also expresses the oral mechanisms which are the precursors of the oedipal conflict and which result from the oral trauma in early infancy. In addition the myth reveals the primitive preoccupation and the wish to separate the mother from the father.

In this culture after the death of a chief the survivors mutilate his body and then punish themselves by abstaining from all aggressive and pleasurable activities—hunting, fishing, procreation etc. From this one can see that various ego structures and reality systems result in variations of the oedipal complex but they do not alter the fact of the inevitable oedipal situation.

Analytic literature has stressed the importance of maternal love and care. R  heim believed that analysis did not sufficiently stress the fact that the child discovers his own self in a setting of frustration. No living creature is dependent on maternal care for as long a time as the human being. There is a correlation between this retardation of development, the tendency toward arrest at the foetal stage and the development of higher organization. The early biological parasitism has a psychological correlate expressed as separation anxiety. This "dual unity" lays the groundwork for social cohesion and human socialization. In R  heim's opinion man's retardation and prolonged period of helplessness make all

later attachments "repeat performances" of the child-mother union, occurring in the sequence of separation anxiety, aggressive feelings, and union. This early oral wish for total possession of the mother is repeated as a genital need in the oedipal complex, as the myth cited illustrated. The biological equipment with which the human being begins his development has an impact on all that follows, including social needs and social organizations. Géza Róheim was a pioneer in this field of study.

Another Freudian assumption that is being discussed concerns the incompatibility between a civilized social organization and the free expression of sexual drives. This point is dealt with in two books which, although starting from different points of departure, reach very similar conclusions. In the first, *PSYCHOANALYSIS AND ETHICS*, LEWIS SAMUEL FEUER (85), using both philosophical concepts and historico-sociological data, concludes that such incompatibility may not exist, and that the facts tend to prove exactly the opposite. This book, which also contains interesting views on the importance of the oedipus complex in primitive societies, is summarized in detail in Chapter X.

The second book, *EROS AND CIVILIZATION*, by HERBERT MARCUSE (185), also deals with the relationship of civilization and the repression of instinctual needs. Using a multidisciplinary approach, the author advances the hypothesis that civilization and culture may not be incompatible with free gratification of libidinal drives.

Marcuse examines Freud's thesis that free gratification of man's instinctual needs is incompatible with civilized society, and that renunciation, restrictions, and loss of freedom are the prerequisites of progress. The author questions whether the pleasure principle and reality principle are irreconcilable to such a degree and asks, "Can there be a non-repressive civilization or culture?" He asks, "Does Freud's reality principle make historical contingencies into biological necessities?" This criticism does not vitiate the fundamental truth that all forms of civilization are organized institutions to dominate the drives. In order to differentiate between the biological and the sociological vicissitudes of instincts, new terms are required. These are (a) surplus repression, as opposed to basic repression, the first referring to restrictions necessitated by social domination, the latter to modifications of the instincts required simply for survival of the human race, (b) performance principle, a modification of the reality principle. The reality principle exists in the service of the need for survival in a world of scarcity. Work is the restraint of pleasure in the service of the procurement of needs.

The core of Freud's metapsychology states that a civilization which

restrains Eros weakens the life instincts and as a consequence the destructive forces are strengthened. The theory is treated as if it were taboo to explore it further. The author's thesis is that free Eros does not preclude lasting civilized societal relationships, it is opposed only to the surplus-repressive organization of societal relationships. He proposes that the instinctual restraints required and enforced by scarcity are further increased (surplus repression) by the vested interests of a particular form of society. For example, a fear of revolt among the repressed becomes a motive for stricter regulations. Another example would be that of an acquisitive society in the process of expansion which therefore must elaborate the concept of work to the point where it becomes ego alien (performance principle). The concepts of surplus repression and the performance principle, by focusing on societal domination and the defining of reality, clarify the issues.

The author reviews Freud's concepts concerning the origins of civilization and stresses the fact that each rebellion from domination although it promises freedom, leads to self betrayal because of the flow of freedom. With each rebellion there is less chance of freedom, as the new administration and its laws appear to be the ultimate guarantors of liberty. Each rebellion leads to "better" and more severe domination. Religion contains both the image of liberation and the image of domination.

Technological improvements have brought closer the possibility of liberating the individual from his alienated labor once justified by scarcity. However, totalitarianism has been the outcome where the impersonal system becomes the master. The author discusses the philosophical formulations which are relevant to these issues. He ends with Nietzsche's description that Western philosophy and morality rest on a gigantic fallacy in which the ills of man are attributed to some transcendental crime which requires redemption. This fallacy is promoted in order to pacify the underprivileged and to protect those who dominate them. There is the constant promise of a future in which contemplation and enjoyment will follow the struggle.

Freud believed that a civilization freed from repression would explode into prehistoric savagery. This dialectic of civilization could be resolved if the performance principle were to be judged as only one specific historical form of the reality principle. Thus men would promote the goal of a gradual elimination of surplus repression.

The hypothesis of a nonrepressive civilization rests on demonstrating the possibility of a nonrepressive development of libido. Is it not possible that fantasy is the refusal to accept the current form of the reality principle and represents a protest against unnecessary repression? A decisive

change in the attitude of the performance principle toward instinctual life could affect the structure of the psyche, alter the balance of Eros and Thanatos, reactivate tabooed gratifications, and result in a new basic experience of living

Marcuse outlines a nonrepressive culture with the aid of mythology and philosophy. Contrasting two mythological images, he explores the nature of a nonrepressive society. Prometheus, the rebel worker, promotes and strengthens the performance principle. Pandora, the female principle, is seen as a curse. Alternate to this pair are Orpheus and Narcissus. The latter is taken from the mythological artistic tradition rather than from Freud's libido theory and stands closer to the image of Dionysus. Orpheus is the liberator, the creator, the poet of a new order. Both are images of revolt against toil and suggest joy and fulfillment, song and play, beauty and contemplation—that is, the aesthetic dimension. The belief that the aesthetic dimension is "unrealistic," ineffective, and only functions as unessential adornment to culture is a consequence of cultural repression. The discipline of aesthetics installs the *order of sensuousness* as against the *order of reason*.

Herder and Schiller, Hegel and Novalis all described the need for a new mode of civilization in which the toil of labor should not stand so separate from the enjoyment of life. Schiller accentuated the role of play as opposed to work. Once this principle of play gained ascendancy as a principle of civilization, it would transform reality. Shaped by the play impulse, nature would be freed of its brutality, its violence, and its exploitative quality.

The transformation of sexuality into Eros leads to an erotization of the entire personality. Release of sexuality *beyond* the institutions maintaining the performance principle (self sublimation of sexuality) is different from release *within* them (perversion).

In the more mature civilization under nonrepressive conditions, there would develop a new rationality of gratification in which reason and happiness converge. Beyond our current reality principle there lies a promise that more permissive maternal images in the superego can lead to a free future rather than a dark past.

The threat of the passage of time and the fear of death may be offset by the fact of remembrance. Remembrance acts as a vehicle of liberation. Time loses its power when remembrance redeems the past.

Finally, the threat of the death instinct is reduced when one realizes that the object of Thanatos is not the termination of life but of painful tension. The closer life approximates the state of gratification, the closer is the Nirvana principle to the pleasure principle. This in turn would

reduce the biological rationale of the unconscious attraction that draws the instinct back to an earlier state

In an Epilogue the author presents a critique of neo-Freudian revisionism. Whereas Freud recognized that repression leads to the highest values in society and also to unfreedom and suffering, the revisionists recommend the same high values as a cure for the unfreedom and suffering at the price of ignoring the instinctual dynamics of mental life. Because secondary factors such as the mature person and the cultural environment are given the dignity of primary processes, the result is philosophical idealism. Freud showed the impact of society in its most concealed layer on the vicissitudes of the primary instincts. In contrast the revisionists fail to see the origins of the societal institutions and do not comprehend what the institutions have done to the personality they are supposed to fulfill.

Revisionism has redefined happiness and the productive development of the personality so that the prevailing social attitudes are internalized and idealized. In this manner the cure becomes repression. What has become a sham is taken as real. In this process Freud's most decisive concepts (the relationship between id and ego, the function of the unconscious, the scope and significance of sexuality) were all but eliminated. Theory in the hands of the revisionists is reduced to pre-Freudian everyday wisdom and is not derived from theoretical principle but simply taken from prevalent ideology.

Finally, the mutilation of the instinct theory completes the reversal of Freudian theory. Freud moved from the surface to the depths and to sources; the revisionists shift the emphasis from the organism to the personality, from the material foundations to ideal values from infancy to maturity, since only with these shifts can cultural environment become definable as determining character over and above the biological level. Only then can the repressive aspects of civilization be ignored and the fulfillment of restrictive societal values be represented as freedom.

G Study of Psychoanalytic Factors in Social Phenomena

1 Social Institutions

This subgroup includes only two papers, the first of which, *PSYCHO-ANALYSIS AND THE SOCIOLOGY OF LEGAL CONTRACTS* by JEAN PAUL POISSON (224) is a sociological study of the unconscious factors at work in the execution of marriage contracts. In the study of the contractual arrangements the author found confirmation of the passive masochistic tendencies of women described by Helene Deutsch. He believes that the

study of contractual agreements is a field in which psychoanalysts can test some of their hypotheses by collaboration with sociologists

Even in the most sophisticated societies, women tended to avoid marriage agreements which kept their property separate and accorded to them the free administration of it. Instead, they chose "commercial agreements" which deprived them of the management or even the ownership of their estates, in favor of the husband. When they did elect separate ownership contracts, it was, as a rule, only because of compelling commercial or tax reasons. Whatever the type of contract made, it usually developed that the woman yielded her rights so that it became possible for the husband to acquire control of the property eventually. The author also observed the operation of unconscious factors in the choice of the lawyer to draft the marriage contract. Generally, only one lawyer was retained and it was possible to determine which party had been dominant and which unconsciously submissive, from the provisions of the contract. Similar conditions also prevailed in contracts involving the sale of property, particularly of apartments. Here, a masochistic seller would often abdicate a very strong position and permit the buyer to impose his lawyer, and consequently his terms upon him.

The second paper deals with the long-debated question whether a belief in God can be reconciled with psychoanalytic theory. B. A. FARRELL (81) in *PSYCHOLOGICAL THEORY AND THE BELIEF IN GOD*, examines the possibility of such a reconciliation in our society and concludes that on an individual basis it is possible, provided the basic conflict between the two is overlooked.

Freudian theory explains the belief in God as stemming from a regression to earlier stages of dependence on omnipotent parent (mainly paternal) figures. A displacement occurs to new parent figures and the belief in God results. The motivation is derived from the wish for the support and consolation offered by the new and culturally sanctioned parent figure. Orthodox Freudians probably would also claim that the idea of God first arose in a similar way. Psychologists accepting this view experience a conflict that can be outlined as follows: on the one hand, the belief in God is an illusion based on infantile wishes, therefore, without the infantile unconscious need to believe there would be no belief in God, on the other hand, it may be said that while this theory explains the need for the illusion, it has nothing to do with its truth or falsity.

Consider a less emotionally charged example, like the belief in fairies. In a Western society like ours there would be no conflict, by definition, fairies are unreal and there is no temptation to evaluate evi-

dence pertaining to the truth or falsity of their existence. In a society where fairies were accepted and there was no scientific theory about the origin of the belief in them, there would also be no conflict. In a transitional society where proof or disproof of their existence was considered relevant until the Freudian theory about the origins of this belief was introduced, conflict would ensue. Anyone who accepted the Freudian theory and still insisted that fairies did exist would face two self-contradictory conclusions. Any scientific theory would create these conflicts. Can they be resolved? Probably in no one way; there will have to be as many ways as there are individuals. Most attempts at conciliation will try to distinguish between a spurious form of the belief and a genuine one, but in general the best solution will be that which relieves anxiety for each individual member of that society. The major difficulty would become apparent as soon as one accepted the scientific theory: the word "fairy" would then be used in two different meanings—in the theory as something that is unreal by definition, in the belief as something that might be real.

Roughly this parallels the situation concerning belief in God. Theoretically from a long range point of view the conflict can be solved only by accelerating the acceptance of the scientific viewpoint or by trying to make the particular society revert to a medieval type of society with a typically patriarchal family structure.

How can Freudian theory and belief in God be reconciled on a short term basis? The situation is like that with the fairies. The attempt will be made to distinguish between spurious (neurotic) and genuine (rational) belief. However, even this attempt leaves the individual in a precarious psychological position, as he will have to overlook the fact that the rational belief in God may not constitute an exception to the Freudian theory. It might also be argued that to use the scientific method is no better than any other method—the religious, for example. To contend this, however (and the scientific method could well prove its superiority), creates the difficult position that the believer is making the existence of God a matter to be empirically tested—something that believers do not do. A further reconciling attempt might be tried by granting that the scientific method is the most effective way of coping with a problem, but then asking why this most effective way of coping is not used. Such a view is an odd one, held by those who have never been socialized by psychopaths or by philosophical psychopaths who blindly resist the application of scientific method in their confused compulsion to demand a reason indiscriminately. Clearly the problem cannot be reconciled except on a personal basis; the best solution in each individual case will be the one that is most helpful psychologically.

2 *Group Formation*

This group comprises several papers, most of which were part of a panel on *Danger and Leadership: A Problem of Group Psychology*. The papers represent a study of the genesis of dictatorial regime, the relationship of groups to the leader, and of the psychoanalytic implications of group psychology.

In the first paper, *SOME OBSERVATIONS ON FAILURE OF LEADERSHIP*, OTTO E. SIERLING (267) states that group reaction in a crisis is largely determined by the quality of leadership and the communication between leader and followers. The more a leadership follows the reality principle, the higher it is evaluated.

Failure of leadership is often the result of indecision, avoidance of responsibility and coercion to do things which make no sense to the individual. Mass hysteria and group paranoia are common psychopathological reactions. Derivatives of the death instinct as well as the instinct of self preservation are stimulated by real danger. This is seen in the indifferent or reckless behavior of some individuals in the face of peril. In mass hysteria two criteria of pathology are discussed: (1) an event may be regarded as dangerous by mistake, e.g., as the result of superstitions or rumors; and (2) the reaction is excessive, poor, uncoordinated, irrational or even paranoid. Sierling assumes that in cases of group paranoia, the group itself is not paranoid, but that paranoid leadership is accepted by the group. Flagrant disobedience or excessive obedience may occur as observed in the Peekskill riots when the population went beyond the expectations of their leaders and in the end was repudiated. As is often the case with disobedient or delinquent children, the followers in this instance were carrying out the unconscious wishes of their leaders (parents).

The prevention of mass hysteria during a national emergency, an atomic air raid, for example, is determined by mass education about the real dangers, and the establishment of effective leadership. The more the group in a stress situation fails to ward off regressive tendencies, the greater the likelihood that the group will accept and follow inferior leadership. Freud has shown that in mass behavior the group leader is substituted for the ego ideal of the individual, and therefore it is the leader who decides what is right or wrong. In addition to paranoiacs, psychopathic personalities and hypomanic persons comprise a group with a special drive to become leaders, but, for obvious reasons, make poor leaders. Because of the decisiveness, self confidence, and optimism which these personalities show on superficial observation, they are attractive

as potential leaders in times of stress. In fact it is astonishing that a normal person can successfully compete with the pathological one for leadership. Along with the demand for integrity, the people should know as much as possible about the private lives of candidates before making them their representatives.

Paul Friedman, in the discussion, acknowledged that dormant self-destructive tendencies in certain individuals may become active during national catastrophes, but the existence of collective danger does not invariably promote such breakthroughs. On the contrary, a decrease in suicides has been known to coincide with national emergencies. From his observations of former inmates of concentration camps in group situations, Friedman concludes that the main prerequisite of a good leader lies in his ability to check aggressive and sadistic drives in his followers and to create affectionate attachments between the members. In his analysis of a personal experience in which he was suddenly forced into the role of leader with a hysterical group of displaced persons in Munich, Friedman holds that the successful outcome was in this instance, credited to a specific synchronization of emotions between the group and himself.

Samuel Z. Orgel, in his discussion, notes that a danger situation either mobilizes libidinal energies which transcend danger or anxiety in a progress of organized growth, or leads to a disorganizing regression. He contrasts group paranoia with *folie à deux* and *trois*. In both instances a second person or persons become imbued with the paranoid ideas, excitements, or depressions of a mentally sick person. This occurs in groups where there is a possibility for early libidinal ties and intense identification of the children with parents and with each other. Libidinal ties and identification play the major role in these group phenomena. Many of the epidemics of dancing, religious ecstasies etc. have as their basis a mechanism of identification, and in all identifications a libidinous force is operative.

In the next paper, entitled INTERACTION PROCESSES IN A GROUP AND THE ROLE OF THE LEADER, NATHAN W. ACKERMAN (3) discusses the interaction of the individual and the group, their influence upon each other, and the dynamics involved. The basic principles of group formation and group change are reviewed. Group therapy is contrasted with psychoanalysis, and the differences between them delineated.

Ackerman notes a paradox in our present social structure in which the security of the individual's emotional position in the group is on the decrease while at the same time society demands more in terms of individual sacrifice, and increasingly encroaches upon the individual's

freedom of expression. As the world grows more unified, disorders of group living seem on the rise at all levels. While the literature on group psychology often evokes a picture of group behavior as bad, Ackerman reminds us that group influence can promote social health as well as disease.

The term 'group' implies not a mere collection of individuals, but a social and psychological unit in which the members are bound via the sharing of common emotions, goals, or ideas. The change in the emotional content of the sharing determines the direction of change in group organization. Involved in this is a shift of pattern of reciprocal motivation and a shift of the processes of identification. Each individual integrates his personality into the group in a specific role. The dynamic changes in relationship patterns within the group determine which components of individual personality are activated in order to execute a particular role. There are reasons to believe that character traits may be remolded in a therapeutic group. Ackerman offers several criteria for testing the significance of group interaction for the individual, the essence of which is whether the individual's integration in the group advances or retards socialization. Such things as the control of destructive impulses, reality testing, feelings of security and self-esteem, and regression may be enhanced or diminished by group relationships.

As in analysis, the individual in group therapy may project his wishes and fears onto the group leader. But access to the unconscious conflicts is less systematic, defensive patterns more variable, and modification of the personality is less effective in group therapy than in analysis. There is a higher degree of social communication and more acting out in group therapy than in analysis. Analysis is predominantly a therapy for disturbances in basic drives, while group therapy is predominantly an ego therapy.

GUSTAV BYCHOWSKI (46), in *DICTATORSHIP AND PARANOIA*, discusses the ways in which the revolutionary dictator uses the group (masses) to act out his paranoid fantasies in a reality setting. He considers particularly the role of Robespierre in the period of the Reign of Terror, analyzing some of the motives of the dictator and the ways in which a reciprocal identification with the masses fed his ego. He shows how the paranoid leader fuses an ideology with his own individual reactions and thus provides a convenient frame for his paranoid development.

Comparing the dictator with the paranoid, Bychowski believes their essential difference lies in the relationship between the dictator and the masses. He examines the paranoid symptoms of megalomania and ideas of persecution. In addition to the classical views of these, the author adds

that the ego of the paranoiac becomes weakened and depleted and unable to contain its own instinctual drives emits them like radiations only to receive them back in the form of delusional persecutions. In spite of his attempts to recapture reality the rift between the classic paranoic and social reality deepens as his undischarged aggressive energies mount and as the social environment reacts to him. The author notes two exceptions in this development: one occurs if the paranoic acts to punish his persecutors; the other if the paranoic creates a group of his own.

In the latter the future dictator may draw upon the resources of the group via reciprocal identification. Furthermore the group situation offers the leader opportunities for fulfillment in a reality setting. The people and the leader (e.g. Robespierre and the French masses) share an intense social anxiety and a body of rationalizations (e.g. in philosophical writings). The masses' absolute faith in the leader provides him with a constant source of ego strength—a confirmation of his infallibility—and thus his paranoid development feeds on popular support. To Robespierre and his collaborator Lebon every cruelty was justified if performed in the service of supreme ideals. This concept filled in the vacuum left by the destruction of the cornerstones of the collective superego and furthered the development of delusions similar to those of a well-shaped paranoiac. Robespierre identified himself with the so-called French people and he represented their collective mind to them as well. He could create a new set of ego ideals for the nation and thus gratified his narcissism and the demands of his ego ideal.

In a comment on the Reign of Terror in which the Revolution devoured its own children the author concludes that in the disintegration of the collective superego which accompanies revolutionary destruction sublimations are replaced by primitive drives and social ties become loosened and degraded. During this period projected paranoid mechanisms are used to dispose of destructive and homoerotic impulses—objects of such drives are annihilated as an outcome of collective ideas of persecution. The development of an ideology relieves the guilt that is constantly aroused. The paranoid leader fuses the ideology with his own individual reactions and thus provides a convenient frame for his paranoid development.

NATHAN LEITES (1967) turns to a specific form of dictatorship in PANIC AND DEFENSES AGAINST PANIC IN THE BOLSHEVIK VIEW OF POLITICS. Leites explores two Bolshevik views on the degree and nature of the danger of penetration by an enemy into the Bolshevik society. The

greater the danger is felt to be, the more rigid the dictatorship, the less are deviations allowed, the more is feeling and spontaneity forbidden

When Lenin, in 1920, offered 'concessions' to further capitalist investment in the Soviet economy, he suggested, in answer to fearful inquiries within his own Party, that penetration of the enemy into one's interior is apt to be fatal only if it occurs to a large extent and without one's knowing about it in detail. The opposite view dominated Stalin's purges of early Bolsheviks in 1937-1938: even a tiny bad object has almost unlimited destructive power once it has become an internal object. The unadmitted and unresolved conflict between these two points of view finds a counterpart in the conflict over whether a deviation in Bolshevik thinking is self-correcting or dangerous, and in the conflict concerning the necessity for absolute central control over all segments of the population. In Bolshevik doctrine, before world-wide victory is fully achieved, the danger of annihilation is always present—brought on by internal or external enemies, or by the free, uncontrolled actions of the masses.

The author feels that this Bolshevik attitude represents in large part, the classical paranoid defense against latent homosexuality. The Bolshevik emphasis is on annihilatory relationships between men, and considers it dangerous illusion that the world has any good feelings toward the Party. The latter is indicated by the image of physical approach—the enemy *kisses* the Bolshevik. The denial of the wish to kiss and be kissed is achieved by affirming the wish to kill, and, by projection, the fear of being killed by the enemy. The warded-off disposition to have good feelings toward enemies breaks through in the typical admiration for the *strong bourgeoisie* as compared with the 'petty bourgeoisie' and the masses.

A large area of Bolshevik thinking about protective devices against annihilation is free of conflict: the insistence on consciousness control, realism, restraint as opposed to romantic vagueness and spontaneity. In the extreme variant within this position, all contact with enemies must be excluded because it raises an acute danger. Bad objects appear omnipotently destructive and render the self helpless unless the Bolshevik denies his frailties and avoids the enemy.

The moderate variant affirms that the amount of enemy penetration is really small. The author suggests that the transition from the extreme to the moderate variant represents a shift from an object with predominant oral and genital significance to one with a predominant anal meaning against which compulsive defenses are organized. In that event, the sense of danger is reduced, and one's own destructiveness is facilitated: in destroying the enemy one does not act as a wild, devour

ing beast one merely dirties one's hands in eliminating a low piece of life

FRANZ ALEXANDER (6) in *ON THE PSYCHODYNAMICS OF REGRESSIVE PHENOMENA IN PANIC STATES* avers that fear when it surpasses a certain intensity instead of stimulating the organism's defensive measures may have a paralyzing effect and give rise to panic. People with intense neurotic anxiety may selectively react to external danger with increased boldness (counterphobic response) or with panic depending on the internal conflict and the external danger. In crowds panic reactions are influenced by the presence or absence of leadership. There is a universal tendency in novel and overwhelming situations to regress to a help seeking attitude. When help is not forthcoming a panic reaction may ensue which is then reinforced by mutual identification in the crowd. The presence of a self-confident leader as an object for identification as well as the allocation of well-defined functions to group members tend to reduce panic and to increase the chance of a successful outcome. A successful leader should have a strong flexible ego should be self-reliant (have the capacity to withstand the tendency to regress to panic) should be prepared and have all available knowledge about the nature of the anticipated danger.

ERIK WEIGERT (285) in *CONDITIONS OF ORGANIZED AND REGRESSIVE RESPONSES TO DANGER* uses the parent-child group as a model to consider the wide range of response to danger i.e. from organized growth toward mastery to disorganized regressive behavior. The significance of identification and the libidinal relationship are discussed.

A mother who sees her infant son fall and hurt himself when he is learning to walk may be so fully identified with the anxious child that she too is overcome by anxiety hence her leadership abilities in the situation disintegrate. Optimally the mother's libidinal relation to the child should permit a realistic assessment of the child's assets and liabilities as well as an appreciation of the danger that has to be met. Should the mother in an emergency regress to the child's sadomasochistic level the child develops a hostile dependency on her at the expense of his own expanding autonomy. The mother then becomes an object for the child which is manipulated according to the pleasure-pain principle.

Weigert uses two examples to demonstrate how one leader might handle a panicky group in accordance with the reality principle i.e. by assessing the emergency and taking appropriate action while in the same danger situation another leader offers a solution based on the pleasure-pain principle. The panic of the crowd offers the second leader a chance

to satisfy his greed for power. He promises illusionary security and gratification and invents a devil toward which the group may vent its hostility. In this instance, the crowd can be held together only by force or falsification of reality.

The individual surrenders part of his ego autonomy in a group. He accepts the interpretation of reality suggested by a leader. Such appropriated knowledge is no longer flexible, but becomes rigid and unchangeable. The stability of a group is greatest when the leader commands the love and respect of the members, but the ego autonomy and the sense of responsibility on the part of the members are relatively unimpaired. Loss of autonomy and sadomasochistic regression run parallel. The individual who trades his ego autonomy for a passive surrender to the leader may be less fearful of danger, but he becomes more anxious, since he leaves the task of mastery of reality to the leadership. Regression in a group may elicit regression in the leader, who may respond to their demands with an unrealistic form of mastery. The demagogic leader is as much at the mercy of his followers as they are blindly dependent on him. Any wild rumor can lead to the overthrow of a dictatorial leader. Only a leader who is well integrated himself can resist the temptations of power; rather, he sets the mastery of reality and reasonable satisfactions of his followers first.

IN *OBSERVATIONS ON THE COLLAPSE OF LEADERSHIP*, WARNER MUENSTERBERGER (195) discusses the disintegration of society, and a mass retreat to narcissistic withdrawal from the outside world which may occur in the absence of leadership or means to maintain contact among the members of the group.

The author discusses the work on emotional reaction to disaster as it occurred in New Guinea, the only report on disintegration in a primitive society he knows of. Outbreaks of confusion and disorientation were reported in several villages in 1919, and soon these spread like an epidemic. A uniformity of stuporous or maniacal symptoms was noted. A major factor in creating the framework for these panic reactions seemed to arise from the discouragement by missionaries of time honored rituals as the means of salvation. The 'madness' consisted of behavior modeled after that of the white man. The natives had come to believe that their ancestors would return to them as white men, one man believed that Jesus Christ had entered his head from above and he fell on the ground from giddiness.

The author describes incidents in other cultures where disaster resulted in a benumbed apathy accompanied by guilt and the belief that

the disaster was an act of God. Apathy or even a trance-like sleep seem to be the most conspicuous reactions to terror and fright.

The author concludes that retreat from danger involves a withdrawal of object cathexis and an enhancement of cathexis of the bodily ego. Inevitably there are changed perceptions of reality. The type of reaction the author feels is predetermined by congenital and acquired characteristics that were stabilized during the individual's early years. In the panic situation as soon as contact and direction are provided anxiety and uncoordinated behavior disappear and movement toward new object cathexes and new identifications begins (e.g. being directed in a group to a particular shelter in an air raid during the London Blitz).

In the final article of this panel, CHARISMATIC LEADERSHIP AND CRISIS, GEORGE DEVEREUX (24) explores the nature of the social crises which create the need for a leader who is thrust into an omnipotent position by virtue of his special personal qualities. The author discusses the nature of the regression in crises which recreate in society the infantile relationship between parent and child with its ambivalence, guilt feelings, and defense mechanisms such as projection of hostility onto external "foes."

Charismatic leadership is one which is not socially justified or legitimized through the occupancy of a given status. For example, leadership may derive from the leader's relationship to the people, or he may be a personal representative of some extrahuman agency because of the special qualities of the person. What the charismatic leader does is right because he does it.

Crisis in this essay is a situation which comes into being as a result of a special form of social and individual reaction to stress and in which pathological mechanisms come into play. In a situation of stress when fear of an external danger is replaced by anxiety (a sense of inadequacy of one's resources in the face of stress), society aims at alleviating the anxiety (internal threat) and ceases to do anything about the danger which elicited the fear. Society then attempts to materialize the kind of objective danger which corresponds to the initially intrapsychic threat. It then fights the phantoms which in compliance with its needs to project its intrapsychic threats into the outer world it brought into being and therefore ceases to fight the initially objectively real danger. Hence, crisis is the result of a pathological response to stress.

Although the phenomenon of charismatic leadership is infantile and neurotic, the author points out that it is not historically primitive in that it involves the exaltation of the uniqueness of the personality.

and presupposes the existence of 'functionally diffuse relationships (Parsons, 1951) which are not characteristic of primitive social organization. The latter are seen in the infant-parent relationship. Anything and everything comes within its scope and no part function such as nursing can be easily isolated from the relationship as a whole. The author feels that charismatic leadership reflects a regression to the infantile stage of delegated omnipotence in the presence of a crisis.

The child maneuvers the adult into acting out his infantile conception of adulthood—one such fantasy about adult instinctual paradise is the 'Garden of Eden' fantasy (regressive), another is the Utopian fantasy (progressive). The psychopath, who behaves according to the latter fantasy about his parents' behavior, is therefore frequently cast in the role of charismatic leader. The leader either is originally, or eventually regresses to become, as infantile as his followers expect him to be.

The author explores the nature of the social cohesiveness which the charismatic leader is called upon to restore. In certain primitive societies there is little overt emphasis on cohesion because few disruptive forces operate, there is little intense social interaction and competition, and no manifestations of naked power. In other more highly developed societies the basis of cohesion is the product of a common allegiance or subordination to an ideology or leader. The members derive most of their basic sustenance from other members of the ingroup—the need for cohesiveness is necessary and may have to be implemented by the constant stimulation of fear and anxiety, for instance, about internal or external foes. Potential social ambivalences are also ameliorated by projecting one component of this ambivalence upon a leader, and the second component upon a fictitious 'foe' who is maneuvered into becoming an actual foe.

Charismatic leadership automatically leads to severe oppression, the desire for selfhood and autonomy, plus the infantile desire to replace the charismatic leader, leads to severe ambivalence toward the leader, guilt feelings because of the hostile wishes and a greater need to persecute the enemies of the leader. The leader seeks to perpetuate the crisis which brought him to power. Also there is a need for the systematic training of passive followers. But the demands of Eros, for autonomy and dignity, the author points out, eventually lead to the collapse of the dictatorship. Also the inevitable failure of the leader to fulfill demands for omnipotence leads to the explosion of rage in his followers. Other mechanisms are described wherein the so-called ardent followers may manifest their unconscious hostility to the leader and bring about his downfall. The author regards this unconscious hostility as a healthy force.

Another study dealing with the psychodynamics involved in the genesis of autocratic leadership is found in a paper entitled *SOME SOCIOLOGICAL ASPECTS OF IDENTIFICATION* by LOUISA P. HOWE (134). The development of the process of identification is considered to be an outgrowth of the various types of communication patterns which occur between the child and his environment. Different types of political organization are related to the particular orientation that the identification processes thus acquire in each case.

The author points out the divergent approaches of the psychoanalyst and the sociologist to the process of identification. The psychoanalyst tends to conceive of it as an oral mechanism. The author's approach follows the work of George H. Mead and is based on the crucial role played by communication (both conscious and unconscious) in the development of the personality and especially in the process of identification. Such an approach makes the concept of a biologically transmitted racial unconscious (e.g. Freud in *Totem and Taboo*) unnecessary.

Four types or stages of communication are outlined. Earliest is the direct and unconscious communication of affect which occurs in the infant's automatic response to the mother's mood. The second type is seen when at a later stage in a given situation the child's own behavior calls out in himself the response he has been accustomed to receive from others in the situation. In so doing he learns the meaning and use of words. There is however no conscious awareness of playing another's part. In the third type the individual is able consciously to put himself in the place of the other and to look at himself objectively. This capacity develops by taking part in functional collaborative activities (games and work of various kinds). Here communication is possible in terms of functions to be performed by the objects and is independent of the affect toward the object. At this time thought as experimental action comes into play. The fourth stage is a consolidation and generalization of this capacity in all areas of social functioning.

Two types of identification are then described. In both types the identification depends not on the simple introjection of an object but on the internalization of a relationship. The first type, based on the two early phases of communication, arises from the hostile introjection of the frustrating but needed mother. It is based on unconscious communication. This is termed power or active-passive identification because it is based on such a relationship. The second type, based on the two later stages of communication, is called functional identification. It involves assuming the role of others in goal-directed social activities. There may also be a regression from this type of identification.

Preoedipal and oedipal phases are formulated in terms of the developing levels of communication and identification. The intimate relationship between the process of identification and the capacity for thinking is stressed. Primary process thinking is associated with power identifications and secondary process thinking with functional identifications. Communication is seen as the basic and essential "organizing principle" for personality as well as society.

In social organization, it can be seen that, by and large, autocratic societies are based on power identifications, while democratic ones are based on functional identifications. Each type of social organization tends to call forth in the individual participant that type of identification peculiar to it. Thus, an assessment of the ego strength of an individual is not enough to provide a full understanding of his behavior.

The process of psychoanalytic treatment is also formulated in terms of the phases of development of communication and the accompanying kinds of identification associated with them as these are seen to unfold during the course of treatment.

3 *Politics*

Very closely connected to the preceding group but pertaining somewhat more directly to the political problems of today are two papers, the first of which is concerned with the psychoanalytic interpretation of current political trends, while the second studies of psychoanalytic implications and background of communist 'brain washing' techniques.

In *A PSYCHOANALYTIC INTERPRETATION OF SOCIAL IDEOLOGY*, DAVID DRAKE (67) examines what he considers the essential ideological positions in the modern world and their relationship to oedipal problems and different types of superego development. According to Drake, there are four main ideological positions in the world today: fascist, communistic, conservative, liberal. The authoritarian ideologies are related to general repressiveness and severity of the superego. Fascism and communism are at this end of the spectrum, while social democracy and liberalism involve a greater amount of ego strength, which places them at the other end. Conservatism holds an intermediate position between these extremes.

The strict type of superego which is characteristic of the more authoritarian type of social structure is qualitatively different in the case of fascism and communism. In the former it is a superego mainly stemming from the introjection of the paternal, and in the latter, of the maternal, image. The author feels that communistic ideology represents the outgrowth of a fantasy involving the restoration and integration of the mother's body and the re-establishment of the original mother-child

unity as a reaction formation to the aggressive fantasy of the phallic sexual invasion of the mother. This fantasy of reparation for the mother will be particularly marked when aggression against the mother figure is especially strong. The strength of the aggressive drives and the consequent guilt would be found in those cases where the mother was a particularly strong disciplinary figure.

The fascist position is that of the child who has given up his autonomy (which is equated to his penis) to his father, in order to avoid phallic dangers. These reparation fantasies for the father are of significance in adult thinking where the father was an excessively strong disciplinary figure in the home. In fact, loyalty in a fascist society is not directed to laws or social structures but to a leader in whom the unity of the child with the father is re-established.

Conservative ideology, in turn, corresponds to a position in which a child, having given up his struggle for the mother, is urged by the father to assume his own privacy, freedom and separateness from the maternal body, to which the social body is equated.

The author believes that certain aspects of social history are explained by the foregoing theory: periods of economic distress have facilitated regression to a dependence upon parental imagos and thus popularized authoritarian ideologies.

IN PSYCHIC SELF ABANDON AND EXTORTION OF CONFESSIONS JAMES CLARK MOLONEY (193) asserts that *kenosis*, theophany, the *satori* of the Zen Buddhists, certain types of delusional psychoses, the categorical positive transference in psychoanalysis, confessions under communist interrogation, and quite possibly all religious experiences represent a surrender of the self to a 'superior' power in the face of surroundings which are seemingly or actually hostile. The extraction of false confessions by communist interrogation techniques is based on the existence of a predisposition in the victims to accept a spurious superego. This parasitic superego is an overlay on a superego already built into the personality through an originally unfavorable relationship with an authoritarian parent and further fortified through the years by other authoritarian forces.

Many individuals whose mothers demanded unconditional obedience and submissiveness are afraid to accede to any request of the mother patterned superego lest it lead to complete surrender to its dictates. They establish intrapsychically an armed neutrality between the self system and the mother-system. If such an individual relaxes in his inner struggle and surrenders his self strivings he may experience a theophany.

a blinding flash of inspiration which seems to light the way toward a resolution of inner conflicts

A closely related phenomenon in the religious sphere is *kenosis*, defined as the process whereby Christ "emptied himself" of his divine attributes and became a man. Moloney believes that the opposite must really occur, namely, a psychic self abandon to the dictates of the super ego, the self system emptying itself into the God system. The Zen Buddhist priests produce a similar phenomenon in their novitiates which is known as *satori*. The novice is given an insoluble problem and when he becomes mentally exhausted from his efforts to solve it and surrenders himself to a sense of utter defeat, at that moment he may suddenly experience a flash of enlightenment, a "solution" to his problem. This experimentally induced theophany of the *satori* contains all the ingredients also found in creative inspiration and the "inspirational" experiences of psychotics: sustained effort, subsequent exhaustion or relaxation of concentration, and finally sudden insight: inspiration, solution.

In their technique of interrogation, the communists seem to exploit 'religious' experience in a manner reminiscent of the Zen Buddhists, but with the added factors of cruelty and fear. Not all individuals subjected to this process of interrogation submitted to signing confessions. Those who did had a predisposition to surrender to authority. Such was Cardinal Mindszenty who was preoccupied all his life with the idea of becoming secure and powerful through surrender to God. Robert Vogeler, an American businessman, who was induced to sign a 'confession' gave a careful description and analysis of the interrogation procedure. First he was subjected to a period of isolation, then to protracted interrogation followed by exposure to exhausting physical surroundings and stresses, and when he began to wear out they confronted him with a vicious accusation to which he was asked to confess. He was confronted with twenty such accusations, each less preposterous than the last. Finally, after sixty days he surrendered and signed the "confession" they wanted. Vogeler had the type of superego that predisposes one to surrender to pressure from an authority. His father was of German nationality, which puts great stress on obedience to authority, and he was also a member of a strict religious sect. Vogeler identified himself with the naval service, pursuing it as a career for a time. By obeying the communists' order to confess, Vogeler was merely acceding to the only authority which any longer seemed real to him. The authority of his captors substituted, for the moment, for the stern father, God, or the military commander. Japanese prisoners in World War II answered honestly and without hesitation all questions put to them by their cap-

tors. This is understandable in view of the implicit obedience to authority that is inculcated in every Japanese.

By contrast there is the case of Valentin Gonzales, the renowned El Campesino of the Spanish Civil War, who resisted all the efforts of the Russian secret police to extract a confession from him. He belonged to a different stamp of personality from Vogeler or Mindszenty. He had the pride and fierce belief in human dignity that characterizes the natives of the Spanish province where he was born. He was self-respecting and self-sufficient. He possessed a firm ego structure and was not easily intimidated by authoritarian superego figures. As Gonzales himself stated, the Russians had not counted with the fact that I was not a Russian with all that capacity for renunciation and submission, with that lack of pride and self-esteem which seemed inbred in them. My stubborn resistance did only one thing for me: it sent me to my fate with the knowledge that I had not bowed down before those unjust judges. Gonzales never regarded his inquisitors as authorities in any real sense or as superior to himself in any way, except for the brute power they had over him.

Otto Sperl in his paper "The Interpretation of the Trauma as a Command," has shown that American soldiers who broke down with psychoneuroses during the last war were profoundly influenced by enemy propaganda which they accepted as a command to become ill and useless for the war effort. The enemy propaganda became a parasitic superego. Individuals predisposed to succumb to enemy propaganda during wartime would be similarly predisposed to yield to communist interrogation techniques to obtain false confessions.

The author ends his paper on a note of warning that in psychoanalysis the continued reiteration of erroneous interpretations may at a time of intense emotional stress produce a theophany in the patient.

Summary

The articles in this section re-examine some of Freud's views in relation to sociological problems and problems of group formation: the oedipus complex and the primal horde theory. Particularly noteworthy are the studies on the problems of leadership and its relationship to the group. Such studies cannot but enrich the sciences of both sociology and psychoanalysis.

III LITERATURE, ARTS, AND AESTHETICS

MARK KANZER, M D

The matrix of the analyst's contributions in this field remains the study of the artist's personality. From this, branches lead to the creative impulses, the aesthetic reactions, and the adaptive (social) functions of art. The articles in this group are classified accordingly:

- A The Biography of the Artist
- B Creativity and Aesthetic Reactions
- C Adaptive (Social) Aspects of Art

A *The Biography of the Artist*

Analytic methodology in studies of the biography of the artist received careful scrutiny in 1955. Greenacre correlated biographical details in the lives of two humorists with their infantile fantasies as reconstructed from their works. In both instances, she brought to bear insights derived from knowledge of disturbances in the sphere of the body ego. This material appeared in two articles and in a book, *Swift and Carroll*, a detailed synopsis of which appears in Chapter X.

In the first of the two articles, *THE MUTUAL ADVENTURES OF JONATHAN SWIFT AND LEMUEL GULLIVER: A STUDY IN PATHOGRAPHY*, PHYLLIS GREENACRE (114) constructs Swift's biography and early fantasies by comparing his own life with that of Gulliver. In her opinion, although Swift was not an overt fetishist, there were fetishistic traits in his personality. While his fantasies were preoccupied with converting girls into boys, there was no need for an actual fetish because he abstained from physical genitality. Greenacre believes that distortions of the body image have a particular significance in fetishism. The *Travels* are interpreted as largely the projection of Gulliver's masurbation fantasies which, like Swift's character, are interwoven with anal problems and ambitions. The problems of alterations in bodily size, based on phallic functioning, are reflected onto the whole body and reinforced by the theme of reversal of generations.

Greenacre then compares the lives of Lemuel Gulliver and Jonathan Swift. On the basis of this very detailed comparison she shows that Swift's problems of identity and identification persisted throughout his life. The complications of his kidnapping and the return to his mother,

followed by her subsequent desertion furnished in reality a fateful family romance. His institutional living completed the punishment of fate. He could not finish his autobiography but his writings reveal that he split his nurse into good and bad objects: a prepubertal girl nurse and an evil sexual old woman. Greenacre believes that he had physical contact with the nurse and made a direct primary bodily identification with the actual nurse and with a sustaining ideal image of the sister which seems to have been a phallic image whereby he became predominantly identified with the sister's phallus. He had two mothers and did nothing to quell the rumor that he had two fathers. His writings reveal his enormous anal-ity. There is much evidence of homosexual conflict and he feared insanity at an early age. His enormous castration fear was reflected in his hypochondriasis which always increased when he saw his mother. The Yahoos were the representatives of the dirty anal sexual parents and the Houyhnhnms represented the superego and reaction formations against the primal instincts. Throughout his writings there is confusion between the sexes with women represented as emotional and dirty men as reasonable and clean. His alternating scopophilia and exhibitionism seemed to have formed the basis of Swift's most charming and penetrating capacities.

Perhaps the most fascinating problem of Swift's development was the configuration of his oedipus complex. His oedipal crime apparently was accomplished by his very conception after which his father died while the son lived and possessed his mother at least in fantasy. He attempted to find a father again on at least two occasions. His mother left him at the height of the oedipal period and thenceforth until his majority he lived in a homosexual environment. Much of his conflict was played out in his relation to the church which he seems to have adopted and then to have fought with personal disillusion and bitterness yet he fell back on it time and again. Having killed his father by being conceived and having lost mothers three times before he was six it is not surprising that he had a learning difficulty and regarded school with suppressed rage. It was inevitable that he should have suffered from worries over masturbation and his writings expose such concerns and fantasies. The anal stamp on his character was compelling throughout his life and reflected itself in the content and form of his writings and speech. Spoken words were airy but written words were discharged in secret. Vowels were also airy while consonants were onomatopoeically derived from drippings and droppings.

Commenting on Swift's family romance Greenacre points out that it appears in such severe and malignant forms as (1) where severe retaliatory resentment to the parents is expressed in terms of anal dis-

tortion and degradation, (2) where the overwhelming effect of a powerful mother makes possible the organization of the early ego only through opposition and negativism. The anal ambivalence is reflected in the split into lowly and lofty parental images.

In 'It's My Own Invention' A SPECIAL SCREEN MEMORY OF LEWIS CARROLL—ITS FORM AND ITS HISTORY, PHYLLIS GREENACRE (112) concludes, from an analysis of the form of Carroll's repetitive serial enclosures in his writings and his preoccupation with changes of bodily size, that these reflected anxieties relating to his mother's repeated pregnancies and to the tumescence and detumescence of his excited father. Where Swift converted girls into boys, Carroll sought the reverse solution of the difference between the sexes.

Charles (Carroll) Lutwidge (Ludovici, Lewis) Dodgson was a most complicated man. Born the oldest son and third child of eleven siblings, including seven girls, he was reared until puberty in an isolated house with his brothers and sisters. He and several others were stammerers. From an early age, he took uncanny liberties with words and amused people with his storytelling. At twelve, he was sent to a school where physical competitiveness was extolled, so that the sickly boy felt lonely and humiliated and his scholastic brilliance only impaired his relationships with his peers. From eighteen to nineteen he appears to have been at home, perhaps because of maternal worries about his health. There he wrote eerie schoolboy rhymes and parodies which he illustrated with pictures revealing strange body distortions and a fusion of sexes.

Throughout his life, his writings were to reveal a preoccupation with dreams and shifts from one level of consciousness to another. The theme of a dream within a dream was recurrent, and the dreamy state of childhood was presented as a protection against a threatening world. Yet the dreams were often nightmares. He preferred the company of girls, the only sympathetically treated boy in all his writings was a five-year-old who spoke baby talk and was forever cared for by a loving sister who resembled the famous Alice. The gardens of his own childhood home were models for the gardens of the *Wonderland* and *Looking Glass* worlds.

Shortly after Dodgson entered Christ College at nineteen, his mother died. He remained at the College for the rest of his life, forty-seven years, after accepting an appointment that required him to remain celibate. He had shown promise as a mathematician but remained obscure in that field. His teaching was hampered by stammering and stereotypy. It seems as though he used mathematics to keep his thoughts in compulsive order rather than allow his imagination full reign, geom-

etry enclosed space rather than expanded it for him. However in creating mathematical and verbal puzzles he showed great skill.

At thirty, he boated on the Isis with the three little Liddell girls daughters of the dean of Christ Church College. Although in fact that July day was gloomy each member of the expedition remembered it always as a golden afternoon. Alice Liddell was then a girl of eight. The stories he told the girls that memorable afternoon were soon expanded into *Alice in Wonderland* and his days of obscurity were at an end. Later came *Through the Looking Glass* and *The Hunting of the Snark*. At fifty, Dodgson retired from teaching but remained as Curator of the Common Room, a position which included custody of the wine cellar. He spent his time in compulsive pursuits and was much involved with minutiae of his strangely complicated systems. Between the ages of twenty four and forty, he took photographs assiduously, revealing a special interest in famous people and prepubertal girls. He was never known to have loved a woman in the usual sense. Until middle life he was passionately devoted to girls of eight; later, his interest centered on those of eleven to twelve. A long procession of little girls visited and were photographed by him, at times in the nude, and often received his kisses.

Greenacre calls attention to a repetitive perhaps compulsive screen memory which appeared in the various narratives as when Alice awakens and asks whether the dream had been hers or the Red King's; i.e. whether she or the King had been the actor in the other's dream. In *Through the Looking Glass* as well as in *Alice in Wonderland* a prepubertal girl dreams of becoming a queen in her own right, and in each case the dream is shared. In both a dream within a dream is noteworthy. Alice's question "Whose dream is it? Which is which?" is reminiscent of quandaries about sexual identity.

Greenacre seeks enlightenment through the investigation of a screen memory within a screen memory within a song within a dream on the other side of the mirror in *Through the Looking Glass*. The innumerable wrappings of the memory seem to stretch into infinity backward into ancestry and forward into posterity and have to do with the prepubertal girl's pausing not only to ask "Which is which?" but "Where did I come from?" and "What comes from me?" This special screen memory is shared by Alice and the White Knight and appears in a chapter entitled "It's My Own Invention."

Of all the strange things that Alice saw in her journey through the *Looking Glass* this is the one that she always remembered most clearly. Years afterward she could bring the whole scene back again as if it had been only yesterday—the mild blue eyes and the kindly smile of the Knight—the setting sun gleaming through his hair and

shining on his armor in a blaze of light that dazzled her—the horse quietly moving about, with the reins hanging loose at the neck, cropping the grass at her feet—and the black shadows of the forest behind—all this she took in like a picture—as, with one hand shading her eyes, she leant against a tree watching the strange pair, and listening in a half-dream to the melancholy music of the song

This screen memory reminds one of Carroll's own description of the boat trip on the Isis River. It belongs to Carroll, since, as Alice, he wrote it. At the beginning of the chapter, Alice is worried about reality and considers that she may be only a character in a dream, in which case she may disappear when the Red King awakens. Red and White Knights fight over her and their horses remind her of tables or beds. This is but one of the Punch and Judy battles about which she finds herself bewildered. The curious White Knight remains with her after the strange battle in which each man falls but departs in friendship.

The White Knight is Alice's would-be rescuer, but he is impotent and in the end she rescues him. That he is Carroll seems clear. He offers Alice a pudding composed of blotting paper, sealing wax, and gun powder. But he disappoints her by withholding the explosive mixture and instead offers a song which he claims as his own invention, a song entitled successively "Haddocks," "Eyes," "The Aged Aged Man," "Ways and Means," and finally "A-sitting on a Gate." As he sings, she realizes the tune is not his own and that the words are a parody as well. Greenacre traces the song and the incident in relation to other episodes in Carroll's works and in his childhood.

Thus, in *Wonderland*, *Looking Glass*, and *Sylvie and Bruno*, there are off-stage characters who are closely related to the White Knight—the Aged Aged Man, Father William, and the mad Gardener. All are parodies of foolish old men and in one guise or another appear in memories which are represented as dreams. His excited figure occurs regularly in association with a secret garden, with concern about the veracity of the observer's memory and with the question as to whether his behavior is merry or will lead to brain injury. The conclusion is reached that these are screen memories of actual observations. Related to the old men in nature are three monsters described by Carroll—Jabberwock, Bandersnatch, and Snark, who frighten children and make them stammer.

Greenacre concludes that little Charles lived too full and exciting a life and was confronted with mysteries before he was ready to assimilate them. Mother's kisses could console but never answer his unending "Please explain." A frightened child often denies the anxieties of childhood and later claims that his early life was idyllic. Charles Dodgson,

the Oxford don, did not really like pets or small animals, but he enjoyed fantasies about them and played with the ideas, not the creatures." He found his most satisfactory fixation point in an identification with a girl of eight who served both as representative of his desires and a defense against changes in bodily form.

Several papers on Shakespeare illustrate differing approaches to a writer who, unlike Swift and Carroll offers little material for direct biographical reconstruction. A Bronson Feldman assumes that the mental problems of Shakespeare can be glimpsed in *A Comedy of Errors*. Eduardo E. Krapf identifies the dramatist with Antonio in *The Merchant of Venice*, and then traces his purported castration anxiety and homosexual inclinations. Simon O. Lesser enters directly into the problem of the scope and validity of analysis as an instrument for the interpretation of literary works. Other (social) aspects of applying analysis to Shakespeare are considered in Section C.

IN SHAKESPEARE'S EARLY ERRORS, A BRONSON FELDMAN (82) attempts to show that in *The Comedy of Errors* the author draws upon his own repressed incest struggle. An analytic study of *The Comedy of Errors* provides the only hypothesis that can explain all its details. Its basic purpose is to evade depression—a depression stemming from the wreck of Shakespeare's marriage and the reactivation of infantile memories. His ego sought substitute objects upon which to shower the surplus of his libido so that he was driven by an irresistible urge to find strangers as lovers. Some such episode in a strange city may have occurred and awakened his intense incest guilt. At this point, Feldman suggests he turned to the lusty laughter of Plautus and (perhaps under the influence of alcohol) fell asleep and dreamed the plot of *The Comedy of Errors*. The laughter and sleep replenished his libido, enabling his ego to renew its struggle to control the id.

The source of this new strength is considered the essence of Shakespeare's genius. Perhaps like all genius, it will one day be explained by knowledge of the physiology of narcissism. It is Shakespeare's self-love which projects itself into the play and provides the energy that makes his characters vital and enables him to overcome his tragic defects. In a dream, he crosses the twins of Plautus's two comedies *Amphitruo*, and the *Menaechmi*. In the plot of the *Comedy*, he expresses his id impulses in a manner acceptable to his conscience. His sexual wishes for his mother, his anal sadism, his desires to replace father at the breast and join the mother in death, all emerge together with the appropriate punishment. His quest is for an object of passion—a brother represent

ing his own ego. Finding him, he no longer feels estranged from himself.

The twins, each called Antipholus, represent the dramatist. So do the twin servants Dromio who, like their masters, are called by the same name, and are burlesque representations of Shakespeare. Antipholus—as a pun, anti follies—signifies Shakespeare's effort to purge the world of its stupidities. The core of the play is the argument that Shakespeare is not to blame for his broken marriage—it was really a case of mistaken identity between Antipholus and his wife Adriana. The twins are depicted as lustful, adulterous, sadistic, and mercenary. The sisters Adriana and Luciana can also be considered as twins. Luciana, the bride, seems tender and lovely, Adriana is the shrew she actually proves to be. Luciana denotes "the bright one", Adriana, by a substitution of a "t" for the "d," becomes "the dark one". Both sisters stand for the moon goddess Diana and her supernal power of sex, which induces lunacy in the characters. Ephesus is represented as a forbidden city of sin, the home of the cult of Diana. Probably political as well as dramatic motives prevented Shakespeare from expressing the Diana theme more openly.

At one point Adriana poetically refers to her husband as a drop of water, a simile also used by Antipholus, who is revealed to be in search of "a mother and a brother". He seeks union with the "maternal sea," which accounts for the prominence of the role of Aemilia. Finally the brothers are united with her and enter her church. The oral wishes toward the mother are clearly depicted as well as Shakespeare's conception of the fearful phallic mother, the rock in the sea which originally wrecked Aegeon's ship. By comparison, the paternal image is a relatively weak and degraded one.

A primal scene experience is repeated in oral terms when Antipholus finds himself mistakenly locked out by his wife while a meal is eaten. He reacts with the most violent and sadistic fantasies of revenge. The twins' preoccupation with gold also reflects the regression to anal sadism. The repetition compulsion, as applied to this primal scene, is a thread that binds together all of Shakespeare's works. The coalescence of the yearning for the mother with the destructive wishes toward her and the father culminates in a fantasy of a return to her womb as a tomb, thus also gratifying the sadism of his conscience. It was from such torturing conflicts of his own that Shakespeare's ideas were derived.

E. E. KRAFF (1953), in *SHYLOCK AND ANTONIO: A PSYCHOANALYTIC STUDY OF SHAKESPEARE AND ANTI-SEMITISM*, states that in writing *The Merchant of Venice*, Shakespeare intended to produce an anti-Semitic comedy. What emerges is a study marked by conflict and ambivalence going beyond his original intention, and mirroring universally prevalent

unconscious conflicts. This article is essentially a restatement of the theme of an article by Kripf that appeared in Spanish in 1951. It was summarized in Volume II of the *Survey*.

IN *FREUD AND HAMLET AGAIN*, SIMON O. LESSER (168) calls attention to the resistance of Shakespearean critics to the Freud Jones thesis that Hamlet's conflict stems from an unconscious conflict shared in some degree by all men in our culture. Freud is challenged especially on the ground that he was not sufficiently versed in the cultural history of the Elizabethan Age. John Ashworth claims that even from the psychological standpoint Freud erred in explaining Hamlet's delay in killing Claudius as the outcome of his repressed oedipal wishes. He asserts that there is no delay, that as soon as evidence of Claudius's guilt has been established through the play within a play, Hamlet seeks revenge at once deterred only by external obstacles and the fear of losing his life. Ashworth holds that the prince is justified in assuming that the accusation of Claudius by the Ghost is not sufficient proof of guilt. Lesser, however, supports the constructions of Freud and maintains that Hamlet wished for death as a resolution of his own insoluble conflict.

Lesser also takes up Ashworth's claim that psychoanalysis in its treatment of social issues is overly conservative. Like Shakespeare, Freud was a pessimist with a tragic sense of human destiny. While he saw the limits beyond which reforms could not be effective, within these limits he favored all effort. Freud was not a conservative when he argued against the unnecessary severity with which instincts are curbed in our culture. Psychoanalysis has revealed the childhood roots not only of revolt, but also of patterns of submission, conformity, and conservatism. The question of 'adjustment' in psychoanalysis is not the conservative's philosophy of an uncritical acceptance of existing social forms and their demands. Instead, the coercive nature of reality is mitigated in the analysis so that the patient's own personality can be realized in his occupational, sexual, and general life adjustment.

The analytic approach to biography is also scrutinized by RICHARD R. WOHL and HARRY TROSMAN (295) in *A RETROSPECT OF FREUD'S 'LEON ARDO'*. They conclude that psychobiographies based on scanty clinical material must be regarded as speculative and provisional. This article is more fully presented in Chapter II.

Another paper that follows traditional pathways in correlating the author's work with his infantile fantasies is that of RENÉ LAFORGUE (160) in *BAUDFLAIRE AND HIS THOUGHT*. When Baudelaire was six his father

(an unfrocked priest) died, and twenty months later his mother married a very successful and worldly career officer. These shocks to the boy were heightened when he was sent away to a somber boarding school.

Laforgue attributes to these events Baudelaire's irritability and his rebellion against all conventional values, which culminated in a severe conflict with his family and the feeling of being outside of life. He interprets this behavior as the wish to retain the mother's breast and to cling to his lost childhood. Similarly, he explains Baudelaire's need to reproduce the same situation continuously, to suffer and be humiliated, and to be like an infant near a gigantic mother figure. From this wish stemmed his love for the inaccessible. Thus, Baudelaire constantly oscillated between climbing toward the sky and descending into nothingness. He felt accursed and sought out those who shared his fate; at the same time he secretly clung to the image of the mother he had lost, as in a filial relationship to a mistress. Out of his contradictions and his internal torture arose his need to expiate, which expressed itself in his actions and in his poetry. The illness which ended his life was masochistic and served as a needed sacrifice.

B Creativity and Aesthetic Reactions

In this section the correlation of the infantile fantasy as latent content with the work of art as manifest content still challenges interest. Emphasis shifts, however, to the psychology of the creative impulse and to the nature of the aesthetic reaction as well as to the spark by which the work of art establishes contact between the artist and his audience. Several authors point to parallels in the relation between the analyst and the analyst.

JOHN FIZER (87) writes on PROJECTION AND IDENTIFICATION IN THE ARTISTIC PERCEPTION. In art perception one either projects desires and fantasies into the perceived object or identifies with it. Modern painting without form facilitates projection while realistic painting facilitates identification. Unless a work promotes the merging of the subjective with the objective, it cannot properly be called art. Aesthetic reactions permit a maximum of pleasurable emotions in a short time.

Muller Freienfels distinguishes three types of art appreciation: (1) *Ekstatischer* (ecstatic), (2) *Mitspieler* (participant) and (3) *Zuschauer* (observer). While it may be true that artistic projection is the same as in neurotic and psychotic deviations, it differs in magnitude. In mental distortion projection is an ego defense mechanism and an active determinant of behavior. The artist who sees the statue he is going to carve from a block of marble may resemble the neurotic who transplants his inner

experience into the outside world. However, Kris has pointed out that there is a quantitative difference between the normal and pathological mechanism being used. This raises the question as to why the spectator, despite his strong emotional reaction, retains external control.

The author distinguishes between emotions of daily life and those generated by art and drama. In artistic perception, identification involves the ever-present awareness of the artificial character of the whole event. A lack of this appreciation points to mental disorder. Sometimes both projection and identification are employed at the same time due to the complexity of the human personality. The fact that people feel satisfied after an aesthetic experience confirms the psychological and therapeutic nature of art rather than the theory of art for its own sake.

THE RELATION OF WRITERS TO LITERARY CRITICISM by EDMUND BERGLER (29) is a fragmentary contribution based on a previous work by the author. There, Bergler proposed the thesis that the act of writing is an attempt to placate the author's conscience so that the writing itself is a type of alibi. Here, Bergler discusses in this light the irrational grievances of writers with regard to their critics. A negative review is unconsciously taken to mean that the alibi has been rejected. There is a masochistic allure that is warded off by defensive fury. Reference is made to the unconscious double defense the writer presents to his own inner conscience as described in the author's book *The Writer and Psychoanalysis*.

In a brief communication, ANALITY IN INSPIRATION AND INSIGHT, MARK KANZER (143) points out that the importance of anal tendencies in the inspiratory process is often overlooked in favor of oral or phallic interpretations.

Kris's study of inspiration describes how a split in psychic activities during inspiration enables the artist to ascribe to others his own impulses and to produce his ideas without guilt. Kanzer suggests that this productivity can assume an anal form at times with a recapitulation of an early phase of anal functioning when feces did indeed seem to come from elsewhere and was only gradually recognized as self-produced.

The author further compares analytic insight to the artist's spontaneous inspiration. Free associations may be anally charged. Usually insight requires verbalization by the analyst so that the products seem to come from outside. Dreams that are presented by the patient without an attempt to interpret them may represent feces in making interpretations; the analyst demonstrates the anal activities to the patient and thus

places himself in a maternal toilet-training role. He is thus the prototype of the art critic.

In three papers, devoted respectively to Percy B. Shelley, Mark Twain, and Conrad Aiken, the effort is made to clarify the creative impulse in its relation to the emotional conflicts and needs of the particular writer.

JOHN V. HAGOPIAN (124) makes A PSYCHOLOGICAL APPROACH TO SHELLEY'S POETRY. The latter's early hatred for his father was turned in adult life against all authority figures, and ultimately against God. The author feels that Shelley never achieved satisfactory heterosexual adjustment. Raised in a house of women until the age of ten, the poet was later involved in an intense latent homosexual attachment to his friend Hogg, to whom he offered both his wives. Shelley never effected complete relations with one woman. He is described as sympathy-seeking, megalomaniac, and paranoid. Without real satisfaction in life, he sought sublimation through narrative dramatic poetry and altruistic feeling for his characters. Often he flew into self-righteous rages against authority.

Freud felt that of all art forms, poetry stands nearest to dream and fantasy. The artist uses three techniques to overcome the refusal of others to participate in his fantasies: (1) transforming the fantasy, masquerading the repulsive wish, tempering it, removing it from the subjective to the objective, thus making it acceptable; (2) surrounding the fantasy with an atmosphere of reality or pseudoreality, in which not the laws of the outside world but the conscious and unconscious wishes of the artists are the determining factors; and (3) giving the fantasy aesthetic features that make palatable the aggressive and obscene by casting them in beauty. All of these factors may be observed in the relationships between Shelley's personality and his poetry.

WILLIAM G. BARRETT's (16) study ON THE NAMING OF TOM SAWYER investigates that aspect of creativity through which the writer seeks to change his own identity, a tendency that may be reflected in the names that he gives his characters. In this paper Barrett analyzes the specific meanings of the names "Tom" and "Sawyer" in connection with historical accounts of Mark Twain's life and personality. All authors of fiction reveal something of themselves and usually have one book which is more autobiographical than the others. This is true of *Tom Sawyer*. Freud demonstrated that the author's name may appear disguised in that of the chief character. However, the naming of an autobiographical hero for reasons basic to the psychic conflicts of the author is of special interest.

At the age of seventeen Mark Twain used the word "sawyer" in a letter to his sister from New York, where he had gone to make his way. He declared that he would be as "independent as a wood sawyer's clerk." At that time, 1853, the wood sawyer was a symbol of independence. In his earlier paper on Mark Twain, Barrett showed that the author's passion for independence was an unconscious denial or a reaction formation against a deep unconscious passivity, as manifested in sympathy with the underdog and a feeling of identification with the enslaved human race. The term "sawyer" also designates a type of river snag to be avoided and is connected with that happy time of life when, as a river pilot on the Mississippi, Twain was truly independent and respected.

There are two scenes in *Huckleberry Finn* that demonstrate the association between the act of sawing and personal freedom. Huck escapes from his father by sawing his way out of the cabin. Nigger Jim is freed by sawing his chain in two, even though he could have been easily released by simply lifting the bed. The associations between sawing and cutting must also have played a part in the selection of the name, for Twain's works are replete with descriptions of sadistic cutting and mutilation.

The name Tom has connotations of masculinity (tomcat, tomboy) and also suggests the common man (as in Tom Dick, and Harry) as well as foolishness (tomfool), nonsense, stupidity, and madness. Mark Twain speaks frequently of the stupidity and insignificance (Tom Thumb) of the "damned human race." He writes almost exclusively about the male sex. Tom would seem to be just the right name for a male member of Mark's "damned human race."

Another association emerges in "Peeping Tom," with its scopophilic and exhibitionistic implications. Mark Twain himself was known to be quite exhibitionistic in his love of notoriety and his colorful appearance. Other Toms in his writings, like Tom Blankenshuff, Nash, and Driscoll, were associated with disaster not only to one's self but also to relatives and friends. Twain too had an exaggerated sense of responsibility and guilt for the welfare of his family. He blamed himself for the accidental death of his brother Henry and for the deaths of two of his own children. He was evidently possessed of a sense of his own evil nature.

The book *Tom Sawyer* gives expression to the wild, defiant, and fearful imagery of his daydreams, which are covertly oedipal. The hero struggles more or less successfully against the damnation of the human race, but engages in hypocrisy, fraud, and cruelty. This theme was near to Mark Twain and produced the sequel *Tom Sawyer Abroad* and also

The Mysterious Stranger, which served as an unconscious release from a long period of guilt, depression, and masochistic exhibitionism. Despite conscious feelings of guilt and confessions of weakness, Twain was apparently never mature enough to accept responsibility for personal failures which he blamed on fate or his lot as a member of the 'damned human race'.

Throughout his literary life, he tried both to resolve and cover his basic unconscious conflict. By self punishment, he sought to rid himself of guilt and to become the sawyer child, the ego ideal, struggling toward independence. His characteristic white dress served to cover his black soul (Tom) and rendered him pure, lily white (Sawyer). Samuel Clemens thus felt himself to be two people (Twain).

In CONRAO AIKEN AND PSYCHOANALYSIS, DAVIO M. REIN (228) describes the transmutation of the writer's understanding of himself and his own conflict into his creative writing. His is a great effort which fails in part in the execution.

The distinctive quality of Aiken's work arises from his interest in psychoanalysis. He conceived of the writing of a poem as analogous to the creation of a dream and called for criticism to be subjected to psychological scrutiny. *The Divine Pilgrim*, Aiken's most ambitious work, proves disappointing in the insights it provides. The psychology is overly generalized, the fantasies are unintegrated, and no individual character emerges. Aiken uses psychological knowledge more effectively in fiction. *Blue Voyage*, his first novel, is an exploration of the inner personality of its protagonist, Demarest. Aiken introduces seventy pages of free association monologues to demonstrate the self analysis of the hero and the oedipal nature of his attachment to Cynthia. Aiken's second novel, *Great Circle*, deals with a married man who is wrestling with unresolved oedipal problems. The character Andrew would seem to be Demarest ten years later, a man reaching for his dead mother in passions that reflect her tragic death with her lover. He is made to recover his childhood memories in a manner that seems unconvincing.

Aiken's short stories show unusual psychological penetration. By *My Troth Nerissa* demonstrates the displacement of disgust with one self to a love object. *Mr. Auricularis* re-creates the dream of a man dying under ether anesthesia. *Silent Snow*. *Secret Snow* describes subjectively a little boy breaking with reality.

Ushant, published in 1952, is an autobiographical study which attempts with only moderate success to break down reality into its multi-level components. It helps us to understand much of Aiken's previous

work and shows how he has drawn on his own experience and conflict for the creation of his writing

Art as aesthetic experience is traced in studies by A. A. de Pichon Rivière and L. G. de Alvarez de Toledo and by H. Racker, which also explore the form of art, in this instance music, as a vehicle of feeling and communication between people

In *MUSIC AND MUSICAL INSTRUMENTS, PART I*, the latent significance of music and musical experience is considered by A. A. de Pichon Rivière and L. G. de Alvarez de Toledo (59) to be an elaboration of the voice of the mother and the re-experiencing of the relationship with her and with nature as a whole. It is regarded as the most regressive form of sublimation in the sense that it partakes of the earliest manifestations of drive in the mother-child relationship.

In the introductory part of the paper Melanie Klein's ideas as bearing on the subject, are reviewed in considerable detail. Emphasis is placed on the theory that the child's own voice and his use of it developing from a scream to a well articulated word, are his means of dealing with the internal vicissitudes in his relationship with the object. The acquisition of speech follows the phase in which paranoid anxieties are greatly increased. The authors consider this to be quite obvious in the observation of infants.

The development of object cathexis and of the ego as a whole is traced in terms of the infant's perception of the object which is initially that of partial and vague experiences (touch, voice etc). The voice is emphasized in its contribution to this initial phase, as well as in its own integrating influence. The gradual development of speech has an organizing influence on the acquisition of a whole (global) mother image. As M. Ribble has pointed out shrieks, screams, explosions and other noises cause anxiety in infants similar to that which occurs upon separation from the object. The role of the mother's voice and songs becomes evident as separation anxiety is relieved.

Clinical instances are discussed. A seven-year-old child in analysis relived, in the transference, some of the oral traumas which he suffered as an infant, in particular a sudden weaning. On one occasion he went home from the session with a burning sensation in his mouth, was depressed, and required much contact with the mother. When she rocked him and sang the favorite tunes of his infancy, he recovered. The voice was the most important element in the re-establishment of the lost relationship with the mother.

Another case demonstrated the contents underlying an inhibition

of musical performance. A fifty year-old female musician was playing a passage in a Beethoven sonata in which momentarily all sound is suspended, the hands come off the keyboard and the foot lets go of the pedal. She could not do this well, the separation from the piano was intolerable to her, since it represented the disappearance of the object and reproduced a very early experience of separation. The emotional fulfillment derived from music is based on the latent content of the experience—it restores the relationship with the mother.

MUSIC AND MUSICAL INSTRUMENTS PART II, by A. A. DE PICHON RIVIERE and L. G. DE ALVAREZ DE TOLEDO (60), continues the previous study. A major portion of the paper is devoted to a theoretical discussion of the phylogenetic development of the voice and the meaning of sound from the ape to civilized man. Musical instruments were originally prolongations of the body and their sounds were elaborations of the sounds made by the body. Drums, for instance, clearly represented the mother's abdomen. The observation is also made that primitive musical instruments—representing the mother—usually originate in the earth and in the fruits of the earth.

Clinical material is also presented by HEINRICH RACKER (225) in CONCERNING MUSIC. Applying Kleinian views, he sees the power of music as deriving from its capacity to reunite the fragmented ego and its objects—a capacity that is inherent in the fundamentals of musical form. The principle of unity in multiplicity, achieved through repetition and variation, represents the operation of Eros both in organizing the ego and in impressing form on the chaos of sounds.

Racker elaborates and extends conclusions as to the unconscious meaning of musical activity which were described in a previous report. The clinical material derives for the most part from the analysis of a twenty year-old schizophrenic girl who, during treatment, became an enthusiastic musician. The patient, Ingrid, was the daughter of a prosperous, domineering business man whom she had always detested. In contrast Ingrid loved her mother dearly and described her as beautiful and good, but inwardly she reproached her for being neglectful and abandoning her in favor of her father and her friends. Throughout her childhood Ingrid was introverted, given to reading and daydreaming. She enjoyed listening to music but had not learned to sing before the analysis. The first clue to the role of music in her life came through a dream in which she was attacked by a dwarf, who bit her breasts and threatened to empty her of all the vital fluids in her body. Confronted by this threat, she began to sing and thus saved her life.

The analysis of this dream, in which music appeared as a defense against a persecutor, revealed the genesis of the paranoid position. On the evening before the dream, the patient had been much concerned over the delay of her menstrual period. Consciously, she wanted a child, the dream, however, brought out her unconscious fear of an infant who would empty and destroy her as she, in fantasy, had destroyed her own mother. The dwarf symbolized father, mother, and analyst. The tendency to suck dry was related not only to the maternal breast but also to the primal scene, the patient wished to expropriate the sexual properties of each parent, depending on whether she herself assumed the positive or negative oedipal position. The infant that she fantasied bearing had acquired the qualities of an excluded third party and became the persecutor. Guilt feelings which Ingrid experienced in her depressive states also were related to fantasies of destroying her objects. The song in her dream was an Ave Maria and represented a wish to obtain forgiveness from the ambivalently loved mother.

Prior to the departure of the analyst for his vacation, the patient dreamed that a lion had become embedded in her back. Her mother operated upon her and removed the lion in small pieces. She identified herself with the broken, destroyed animal or object, but through music restored both herself and the object. To Ingrid music therefore represented erotic life, motherhood, freedom from guilt and depression as contrasted with the destructive death wishes which were directed against the analyst in the transference.

In brief, music is a defense against both paranoid and depressive expressions, or more succinctly a defense against "bad objects" whether introjected or projected by the ego. It is also a defense against "bad instincts" which threaten to destroy the ego or loved objects. At the paranoid level, musical activity is for the patient black (identification with the persecutor) and white magic (identification with the ideal object). At the depressive level, music is alchemy, a true sublimation, a reparative transformation of the inferior into the superior, of lead (symbolic of death) into gold (symbolic of life).

From the point of view of the unconscious music is a defense and a restitution because of its power to create "unity out of multiplicity," which is brought about by the formal principles inherent in a musical composition, namely, repetition and variation. In the history of music, repetition was at first, predominant, gradually the tendency evolved to create unities out of material which was more and more varied. The same principles apply to the use of melody and harmony. Each melody is developed from a musical core which grows and takes form through repetitions and variations in the fashion of the primary process mecha-

nisms displacement, condensation, inversion, representation through opposites, etc. These serve also as mechanisms of defense they preserve the integrity of the ego and the objects and become the instruments for the molding of the creative process. The principle of 'unity in multiplicity' lies also at the basis of rhythm, tone, harmony, and counterpoint—in short, all the fundamental elements in music. It represents the operation of Eros in its combat against disintegration and destruction.

IN *THE UNCONSCIOUS MEANING OF VARIOUS CURVED ORNAMENTS*, as in earlier contributions, ANGEL GARMA (100) concerns himself with the latent contents or determinants of certain forms of architectural ornamentation. In particular, he focuses upon the Arabesque and the Grotesque, which are ornamental techniques that combine human figures with others and which use the curve predominantly. In the analysis of features of fairly constant incidence, he emphasizes the latent phallic significance and the regressive anal representations, which he considers parallel to similar processes during symptom formation. Mayan and other architectural ornaments are also touched upon as are the dollar sign and the Aesculapian emblem.

Aesthetic implications of blindness emerge from a study by H. J. VON SCHUMANN (279), *PHENOMENOLOGICAL AND PSYCHOANALYTIC EXAMINATION OF HÖRER'S DREAMS*, described at some length in Chapter V.

C *Adaptive (Social) Aspects of Art*

The relationship of the individual to the social elements in the symbols, processes and functions of art, still commands—despite the influence of Kris—a relatively small part of the analyst's attention in the published articles of 1955.

Lesser, as noted in the section on "The Biography of the Artist," disputes the claim that psychoanalysis in its approach to the relationship between the individual and the social in the arts, becomes overly conservative. The fact was that Freud protested vigorously against the repressive effects of culture. Hamlet can be viewed as the product of conflicting and coinciding infantile and culturally mature patterns of submission and rebellion.

E. Krapf also uses Shakespeare (Antonio and Shylock) to explore the oedipal roots of the social phenomenon of anti-Semitism. He is of the opinion that in areas in which fear of the phallic mother is less pronounced (as in Catholic countries where the Virgin is venerated) the castrating figure of the Jew is not as likely to be persecuted.

IN THE RITUAL ORIGIN OF SHAKESPEARE'S *TITUS ANDRONICUS* WILLIAM H. DESMONDE (61) presents the view that the plot of *Titus Andronicus* was derived historically from tribal puberty rites. The institution of tribal puberty rites serves the purpose of freeing the adolescent of oedipal ambivalence and provides an outlet for the hostility of the tribal fathers against their sons.

The basic elements of the plot are (1) a struggle between two princes (Saturninus and Bassianus) to succeed a dead king (2) a human sacrifice to propitiate a dead soul (Titus sacrifices Tamora's son) (3) a marriage by capture in which a son is killed (Bassianus captures Lavinia, Titus's son Mutius is killed) (4) a cannibalistic meal (Tamora eats her own sons) (5) a rape near a pit in the ground (Lavinia is raped) (6) finally Lucius Titus's last son becomes emperor after the death of all his brothers.

All of these elements can be found in two ancient Greek myths—*Pelops* and *The Rape of Persephone*—both often re-enacted as ritual dramas. Shakespeare may well have taken these themes from Ovid's *Metamorphoses*. Thus the plot of *Titus* can be viewed as a re-enactment of the myth of the primal horde and the totem feast incorporated into a primitive death and resurrection initiation ceremony.

GOGOL—A STUDY ON WIT AND PARANOIA by MARK KANZER (144) brings the struggle between individual and group solutions of preoedipal and oedipal conflicts into a more contemporary framework by examining the function of wit in a society that is in increasing rebellion against established political and religious forms.

The comic is frequently a form of attack on persons or institutions that otherwise command respect. Associated therefore with a loosening of inhibitions, its symptomatic significance in personality disturbances is to be expected, but it may also transcend the individual and be indicative of broader social trends. In three different periods at least latent revolutionary forces sounded their warning through the appearance of a major humorist—Cervantes in Spain, Voltaire in France, and Gogol in Russia. Kanzer's study suggests a curious interplay between paranoid traits in Gogol and elements of discontent in the Russian population.

Kanzer feels that Gogol's literary career was itself an outgrowth of a well advanced schizoid process. The writer was a small, sickly child infantilized by an adoring possessive mother who filled his mind permanently with her own superstitious fears. His world was that of the Ukrainian peasant replete with myths in which a clownlike Devil is the central figure. Gogol himself stated that the primary purpose of his

early writing was to find comfort in his mother's familiar stories and thus to overcome "incomprehensible fits of melancholy," which were probably anxiety attacks.

Kanzer compares Gogol's famous story of "The Nose" to a dream of nakedness in which the subject scurries around in embarrassment while the spectators remain frighteningly indifferent. He further interprets the story in the light of Freud's three-person formulation of wit: the "first person" is Kovalyev, the hero, who has inexplicably lost his nose; the "second person" consists of the indifferent officials equivalent to the spectators in the dream; the "third person," the Russian public, is invited to laugh, not at the exhibitionism of the hero, but at the stupidity of the second person to whom the guilt is shifted. While remarking on the political satire, the author finds in Gogol's interest in noses the substratum of the story and the mainspring of Gogol's wit. The deepest layer of the joke is an outwardly displayed castration and an inwardly retained penis which presents similarities to transvestitism, itself a form of burlesque humor. The hero's nose ultimately becomes detached and transformed into an important public official. An underlying body-image disturbance and a sense of alienation from the self is evident in this fantasy and in other works of Gogol.

With his astonishing literary success, Gogol's defenses weakened and his instinctual gratifications took bolder and more direct form as he openly proclaimed himself a moral and political leader. His megalomania now became intolerable to the audience and he quickly fell from popular favor. The result was a rapid progression to a hallucinatory psychosis, and he died in restraints, deliriously trying to tear off leeches which had been applied by physicians to his nose.

Thus wit and terror alike had their origin for Gogol in his own body image, particularly as focused on the phallic nose. In his efforts to project this organ, he apparently tried to fight off autoerotic temptations and to punish himself for such desires. His masturbation fantasies likewise were satisfied in this process by concocting ridiculous adventures for the detached member. However, this type of play soon threatened to escape the control of the ego and the disclaimed phallus had to be transformed into a persecutor. Wit and paranoia, therefore, represent at times collaborative and at times opposing forces in the struggle for dominance. The amusing clown and the persecuting devil are different aspects of the phallus.

The cultural aspects of wit call for the metapsychological inclusion of the social factors in the dynamics of wit. Kanzer traces an indirect pathway in which the first person projects his censorship onto the audience, successfully modifies it, and then by identification shares in the

instinctual release. Wit in general is a social device for collective collaboration in weakening the superego and achieving a combination of the brother horde against the father figure. Gogol's success as a wit stemmed from paranoid empathy with the unrest of the Russian people and his ability to voice this unrest with official approval. The authorities taking the lead in finding displaced and comic outlets for rebelliousness utilized a mechanism that may be likened to regression in the service of the political ego.

The fascination of the Western story and its educational influence at certain stages of the child's development are subjected to analysis in terms of a family romance which may serve to surmount temporary conflicts within the ego or remain fixation points for semipathological sublimations.

THE STEREOTYPED WESTERN STORY is conceived by WARREN J. BARNER (15) to be another heroic fantasy in which the oedipal struggle is re-enacted. The characters represent the various members of the family romance. The hero is typically proud and modest, bold and shy. He goes from one adventure to another righting wrongs in the most courageous manner and yet is shy in the presence of women. In the formula he comes from nowhere to aid the local rancher in desperate need of help from a heartless villain. Sometimes the rancher's daughter or the office of sheriff is offered to him as a reward for his bravery, but he generally gallops off into obscurity accompanied by a faithful companion. The companion may be of the same age or even older than the hero. He is generally dependent on the hero for leadership and is inclined to be indecisive, inept and impulsive.

A survey of the other characters shows that the sheriff and the rancher who is in trouble are both prone to be weak and ineffectual. The daughter who is traditionally proud and courageous falls into the villain's hands and is ultimately rescued by the heroic efforts of the cowboy. The reader of the Western romance identifies himself with the hero. As with dream interpretation, however, every person in the story represents some aspects of the hero in relation to his father, mother, siblings, etc. The cowboy hero is thus invested with ego-syntonic characteristics of the child aspiring to pseudo adulthood and his ego-alien tendencies are displaced onto others. The compulsion to redress the wrongs committed against the rancher, a father surrogate, points to his responsibility and guilt.

The incestuous oral and hostile tendencies toward the mother are displaced to the villain as a bad father who deprives the narcissistic

'King of the Nursery' of his heart's desire, the good mother In over-whelming the villain, the hero is simultaneously re-enacting the oedipal crime against the father, making restitution for it and avenging both his father and himself By rescuing the maiden—the mother who is forever young in the unconscious—the hero undoes the incest which he has permitted the villain to commit The loyal companion represents another aspect of the hero as well as a brother figure His wayward tendencies are kept under control, and the hero is reassured by his own superiority that he has nothing to fear from him

The obscurity of the cowboy hero's origin suggests the child's feeling of mystery and confusion about his own origin This bears out the well known family romance In addition to the oedipal conflict, there are also pregenital ones Among these is the endeavor to rid oneself of both parents so as to establish one's independence, which Rank considered central in every myth

These legends serve an integrative educational function, especially for the young child and enable him to anticipate difficulties to experiment, and to seek socially acceptable and tolerable answers to his most urgent and pressing unconscious conflicts Surreptitiously, by unconscious identification he lives out his forbidden wishes in relation to the other members of the family However, the solution is not entirely to his liking since he also experiences the downfall of those with whom he is in secret alliance Apprehensive and dissatisfied, he must ride back into womanless exile with his lonely hero Thus, the Western story partially and temporarily alleviates the pressure of a child's ungratified forbidden wishes and wards off attempts at premature direct satisfaction beyond his capacity The healthy child will in time outgrow the psychosexual immaturity of his Western hero others, more passive, remain permanently addicted to the stereotyped tales

Summary

While the psychobiography of the artist (a term that seems preferable to pathiography) still remains the natural matrix of the analyst's contributions to the field of aesthetics the influence of ego psychology shows itself in the contemporary formulations on character and the functions of art as creative and aesthetic experience Relatedly, there is less inclination to interpret the artist's personality from the manifest content of his works combined with a few fragmentary scraps of biographical material Wohl and Trosman's review of Leonardo makes it clear that even the inspirations of genius under such circumstances can produce results that may be stimulating but must remain speculative and

Where we find such approaches today they do not seem to be justified by genius. The modern analytic study in psychobiography is more likely to be marked by careful scholarship and—if it cannot reproduce the particular clinical conditions by which the analyst confirms his constructions—has the advantage of dealing with detailed and permanent records of the artist's life as depicted both through his creative endeavors and the recorded observations of himself and his contemporaries. Advancing knowledge about the body ego proves of considerable assistance in reconstructing the psychology of the writer (cf. especially the studies on Swift and Carroll by Greenacre).

The peculiarities of the artist's style continue to be illuminated by the analyst. The successive voyages of Gulliver become repetitive attempts to describe and undo the experience of being abducted from his mother in infancy. A sexual discovery of Lewis Carroll in childhood needs a setting as a song within a dream on the other side of the mirror as told to a child of a different sex and described by an author who had to change his name in order to disguise the reality of the event that acted as a fixation point for his entire subsequent personal and literary development. The role of detachment of the self from active participation in a situation as a factor in creating aesthetic reactions is emphasized in several articles ranging from a consideration of anal expulsion as an element in inspiration to analysis of the artistic medium itself as a substitute for a real object in the reparation of a traumatic rupture with the parents (Racker).

Art in its psychosocial functions is examined albeit sketchily in a spectrum ranging from the preservation of the myth in dramatic entertainment of modern times (*Titus Andronicus*) to features of the interplay between the primal mythmaking apparatus of the mind and the contemporary political scene in determining when and how the boundary is to be drawn between permissible wit and social condemnation of rebelliousness in a paranoid humorist (Gogol).

Chapter X

PSYCHOANALYTIC BOOKS

ENERGY AND STRUCTURE IN PSYCHOANALYSIS

by

KENNETH MARK COLBY (52)

1 Science and Psychoanalytic Metapsychology

One of the basic ideas involving science is that all definitions of science include unspoken assumptions which in later times are self evident. Psychologists using a special language, attempt to examine and explain the events of interactions between "observer actor and observed acted on."

A simple yet basic premise is that 'scientific thinking is really only a refinement of and a type of intensification of everyday thinking—a refinement in that it systematically strives for greater precision, and an intensification in that it repeatedly concentrates on particular problems'. Facts which represent interactions unavoidably contain a "theory". Formal statements defining science are never complete.

Psychoanalysts are both therapists and theoreticians. In this book, the author specifies that he will use the term psychoanalysis to refer to its theory building aspects. In the physical and natural sciences perceptual experiences can be shared and permit formulations of protocol statements, but in psychoanalysis, 'meanings are difficult to define in terms of other words in order to subject them to logical and empirical operations'. Psychoanalysts in their theorizing often added new meanings to old words. In spite of all the difficulties and opposition met with in the development of psychoanalysis as a science, many constructs are now believed to be correct. As better scientific workers enter the field of psychoanalytic research, the probability and suitability of psychoanalytic constructs can be better evaluated. In the effort to systematize the data of sense perception, psychoanalysts have learned that no one basic concept will suffice. 'The use of three basic viewpoints in conceptualizing a

psychic event became common and was termed metapsychology i.e. the dynamic-genetic structural and economic viewpoints

From a biological view, a living organism is a definable unit or entity existing in an environment. It maintains its individuality and obtains fulfillment of its needs from the environment. Processes inside and outside of its delineable space boundary, i.e., its interfaces, may threaten the organism's ability to uphold itself as an entity. In carrying out the task of bringing conditions within an optimal range both inside and outside of the interfaces, there exist complex functions and properties. In a multicellular organism there are differentiated systems which act as regulators. One special system is the central governing agency which "regulates processes within the interface as well as action of the organism in its environment."

With respect to the human being, efforts have frequently located this central governing agency in the brain and central nervous system. Such efforts, however, are reductive and contain fallacies. The psychic level of integration lies somewhere between neuronal and social levels and it has specific properties. The hypothetical psychic apparatus will be abbreviated from now on as PA. Models of the PA cannot be conceptualized as isomorphic with the brain.

So far in metapsychological outline, divisions in space and spatial areas have been allocated. To explain interaction, however, a construct of motion and energy is necessary. The word stimuli introduces a motion-energy auxiliary construct. "A stimulus—an energy sum—as an excitor of function is a notion which leads us into the whole imagery of forces and dynamics." Psychoanalysis has as its underpinning a theory of energy. Energies are derived from the external world from the interior of the organism and from the PA itself, all of which excite the PA. Energy cannot, however, function in a vacuum. Therefore, a structural organization of the PA is essential.

In his early metapsychological constructs, Freud used the hypotheses of energy, structure and dynamism which remain today as basic postulates in psychoanalytic theory, even though they are imperfect, unwieldy, and limited. Metapsychology at present uses the tripartite model of id, ego and superego structure. This structure while useful still lacks refinement. But what about the question of psychic energy? There are no units of it and no measurements. The hydraulic metaphor is frequently used, but it is too primitive.

2 *Energy and Instinctual Drive*

The concept of energy originated long ago and is used as a theory in various sciences. Energy is defined as the ability to do work, work

being force times distance. Energy concepts include kinetic and potential energy and the laws of thermodynamics. Freud used electrical terms in referring to energy but offered no definition of psychic energy in psychological language. He continued to adhere to ideas of bound and free energy and assumed that the PA tries to keep its energy excitation at a constant level. Later, in his *Three Essays on the Theory of Sexuality*, he associated energy with instincts and postulated a sexual instinct, terming its energy "libido." Still later, in his paper 'On Narcissism,' he suggested an energy pertaining to the self-preservative instincts. The only subsequent alteration of energy theory appears in *The Ego and the Id*, in which he postulated a neutral displaceable energy.

The problem for psychoanalysis is to formulate a construct of energy in its own language, but one which still harmonizes with constructs of energy in other sciences. The chief usefulness of a construct of energy is that it aids us in descriptions of change, of activity, of motion, of acceleration and deceleration of processes, of excitement and abeyance. To differentiate psychic energy from other energies, it is proposed to use the term 'cathexis energy' (CE).

The author describes the difference between instinct and drive. A drive is a motivating force. Drives are the psychic representatives of somatic processes. Only energies operating in some organized structure achieve goals. CE does not possess an aim and could not by itself have an object. CE alone is simply nondescript. It is necessary to redefine or amend our concepts of CE in order that they harmonize more satisfactorily.

3 *The Construct of Drive*

In psychoanalysis, drive or instinct may help to express, by definition, a concept of 'inherited psychic representations of certain bodily requirements which must be fulfilled by action in the external world directed by the PA.' The term drive has the advantage of an image of the organism in motion toward the environment. Instincts and drives are not immediate observables.

The PA invested with CE produces various functions. Drives are not pure CE sums but are seen as structural components of the PA which are activated by CE. For certain structural components, Colby proposes the term "schemas." A schema is a micro unit of structural organization with concept meaning content, abbreviated as *meantent*. These are inborn and innate and are parts of an organized PA, a view which the author states contrasts with Freud's view of a chaotic and haphazard id.

Only those somatic needs requiring periodic action in the external

world require psychic representation Bone-marrow function e.g., need not have psychic representation There is consequently a need for classification of drives, and it may well be that different species have quite different drives

Drives may be classified according to source, object, and aim A source category would involve biochemistry, an object grouping would involve those drives designated according to the biological sex of the object sought Colby prefers the property of aim as a more useful basis for classification By aim 'we signify a specific purposive goal which requires specific bodily actions toward things in the external world to bring about an intraorganism stabilization within optimal ranges' Drive schemas contain purposive aims

Behavioral acts toward objects may further be classified into preparatory and consummatory actions Preparatory actions bring the object within range and prepare it for consummatory actions which are the final acts which achieve the aims of drive fulfillment Colby proposes a categorization with simple verbs descriptive of consummatory acts and suggests two general drive categories maintenance (M) drive schemas and reproductive (R) drive schemas M-drive schemas are essential for the continued life of the organism, while R drive schemas effect a continuation of the species The aims of the M drive schemas must be performed to continue life and are postponable for only brief periods of time They cannot be substituted as can the aims of R drive schemas The M-drive category can be reduced to four divisions of specific structural meantent (1) to breathe, (2) to sleep (3) to ingest, and (4) to excrete The R drive category involves mating and rearing

An individual is not conscious of maintenance or reproductive purposes, he is aware only of percepts, thoughts, and affect feelings The affect feeling experienced as pleasure, Colby classifies as *gratification* that which is expressed as displeasure is classified as *discomfort* Colby discusses various manifestations of the M drives and R drives, of preparatory acts and consummatory acts which include well known behavioral observations "Intrapsychic notifications of bodily requirements are termed 'drive source messages' Such messages excite drive schemas in the PA

4. Constructs of Structure

To describe structure one may use conventional language special technical symbols, and/or visible spatiotemporal representation, such as mechanical models or geometric diagrams Freud thrice described the PA, using conventional and technical terms supplemented by rough diagrams He referred to neurons, microscope, and photographic equip-

ment as models, and used a diagram which Colby calls "The Picket Model" (Freud—*The Interpretation of Dreams*) Freud also used a structural model to describe id, ego, and superego, which Colby refers to as 'The Tripartite Model' (Freud—*New Introductory Lectures on Psychoanalysis*)

While Freud's explanations and models have been simple and clear, there is a theoretical drawback in using the tripartite model in the concept of the id. A structure means organization, and all the systems in the organization must possess some kind of order, but Freud's model leaves the id as chaotic and unorganized. Further, the simplicity of Freud's model makes it insufficient to conceptualize all the manifold functions of psychic activity. Since Freud's postulate of id-ego-superego in 1923, no other models have been proposed to conceptualize the entire PA. Colby proposes a cyclic/circular model which retains advantages and hopefully removes certain disadvantages.

5. A Cyclic Circular Structural Model

After stating that models of various types may be used to help describe a theory, Colby warns of the various ways in which models may be misunderstood. Models should not be evaluated as being true or false, but only whether apt or inept.

A structural model of the PA may help explain certain aspects of psychic function. (1) It should indicate the variables which are primary and those which are secondary in importance. (2) It should illustrate how the PA integrates internal and external conditions. (3) It should allow for maturational and experiential development. (4) It should provide not only for universals but for individual uniqueness and societal variations. (5) It should permit some explanation of psychic differences between men and women. (6) It should be able to indicate how the PA functions.

Inasmuch as Colby expects to use diagrams as well as words, he offers some historical justification for the use of diagrams. For his own model he states, "With words and geometric diagrams I will outline a model of the PA as a structural organization reducible into fixed and moving parts. The first parts consist of two levels of fixed structural units. On the macro-level there are systems and fields which can be represented diagrammatically. On the micro-level are schemas which can not be geometrically diagrammed or visualized at the same time as macro-level elements. Groups of the most elementary units, i.e., schemas, make up the larger units of systems, some of which are differentiated into fields. The macro-systems are interconnected to form a circular whole. The total model is a hypothetical entity fixed in space and time and

whose interconnected systems maintain a constant relation to one another. Between the macro-systems passes a moving part, the cycle pattern, which in turn is made up of several elements to be described a few pages hence. Activity thus takes place both between systems and within systems.

Systems named with suffixes of *-or* have transport functions while systems with *-al* suffixes have storage functions. All schemas are invested with CE and autonomously beat and rest alternately. Colby draws the mathematical equation of Cathexis energy = number of beats per unit time \times cathexis beat sum, i.e., $CE = fc$, c being a constant. It is suggested that 'cathexis' be stipulated as a basic standard unit of CE even though there is no physical method of measuring this unit but one can specify intensities or degrees of psychic activity. Particular schemas have particular frequencies. Physical energy stimuli (signals) entering the PA fire off or set off CE processes in a chain reaction manner.

Sensor System—This is the starting place of a cycle pattern. It stands in relationship to sensory organs and internal physiological processes or drive sources. This system is composed of four fields, two for reception from extero- and intero-, and proprioceptive sensory organs and two for reception from internal physiology (or drive source fields). Signals initiate intrapsychic messages when they connect with previously registered similar signals. In the case of maintenance drive activity the CE processes of these schemas in the sensor system are highly modified by incoming signals but after a certain age the activity of reproductive drive schemas may be entirely independent of peripheral physiological sources. Sensory messages should not be confused with percepts.

Transveyor System—The cycle pattern is in motion and moves upward with messages transported by the transveyor system. These schemas do not contribute meantent nor do they modify CE periods. Transveyor system schemas only transport and are not altered by the passage of patterns along them. They do not have either inhibitory or facilitory influence.

Receptor System—This is the next step in the cycle pattern. Meantents and CE periods are not modified here. Its chief function as far as the cycle pattern is concerned is to distinguish the sources of what it receives. By allotting received elements to fixed spatial portions in the discoid pattern it maintains a differential between sensory messages, drive-source messages, and Cycle A components. The receptor system also has two relinkor systems from which it receives messages of meantent and CE period. The cycle pattern now continues as a moving excitatory part and arrives at the proprial system where major transformations occur.

Proprial System.—By "proprial" is meant the self as an object of awareness, the phenomenologically experienced self and not the subjective self. "Proprial meantents include self as body, intraorganism but extrapsychic, and self as person, intraorganism and intrapsychic." A property of this system in the PA is the differentiation between "corporal self and psychical self."

Experience is stored in some codified manner in proprial and environal schemas and not simply as one memory trace on top of another. "For the functional influence of experience on schema activity I will use the terms 'nemic' and 'neme' (Greek mnemos, memory). The drive-neme interweave represents the modification of innate drive schemas by nemic registered experience."

The proprial system imparts specific types of action messages to the cycle pattern, which in turn involves facilitation and/or inhibition. "Nemic schemas registering gratification act to facilitate a repetition of previous actions which succeeded in producing the gratification experience." The opposite, discomfort, may result in inhibition. In clinical dynamic terms one sees the operation of the various defenses used for exclusion or inhibition. The modified cycle pattern continues through the transveyor system to the environal system.

Environal System.—This term refers to "structural representations of the external extraorganism environment." The environal system is divided into two fields, the spatiotemporal field and a social field. The spatiotemporal meantents refer to the physical world, while those of the social field refer to the human social world. Spatiotemporal schemas contain maintenance drive objects, while reproductive drive objects are contained in schemas of the social field. Colby postulates the existence of alarm schemas, the meantents of which relate to some specific external environmental conditions which threaten life. Drives excite action to obtain, while alarms excite action to avoid. The cycle pattern modifies the activity of environal system schemas and is in turn modified by them. The cycle pattern then continues on to the emitter system.

Emittor System.—Segments of the pattern representing percepts are directed into the percept field, those representing thoughts are directed into the thought field. The third segment, motor messages, continues along in the transveyor system destined for the motor system. The emitter-system schemas do not transform messages of the cycle pattern. Meantents and CE periods remain unchanged. Thus far the processes referred to possess the quality of unconsciousness. Via the relinkor systems the quality of consciousness comes into being.

Relinkor Systems.—These three-dimensional cylinders in a vertical plane serve to relink certain messages of the cycle pattern to the PA.

Their activity concerns only transport and not modification. Consciousness is a property of the relinkor systems. Consciousness in the percept relinkor system allows for awareness of percepts and concomitant affect feelings while consciousness in the thought relinkor system permits awareness of thoughts and concomitant affect feelings. Thoughts undergo one modification before returning to the receptor system which is brought about by the lingual system.

Lingual System — The lingual system schema contain acquired nemic concept meanings belonging to language. Before thought messages arrive at the lingual system they gain the property of consciousness in the thought relinkor system but their form in consciousness is imagic and nonlinguistic. In passing through the lingual system the thought messages involve schemas containing as content both word names and rules of language usage.

Motor System — Like the sensor system at the other end of the PA the motor system is closely related to the body. The motor system directs messages to specific bodily motor areas. Two groups of motor areas receive signals: (1) muscles producing actions in the environment and (2) muscles, glands and other organs of the body interior producing internal changes.

representing the demands of experience, attempts to establish an identity of thought" Conscious linguistic thought messages are relinked, and together with percept and thought, action is produced in the form of speech. Action contains varying proportions of drive, nemic, and alarm instigation. Action messages are constantly formed and sent to the body without conscious awareness.

The Affect Process.—Psychoanalytic theory is not as precise about affects as it is about percepts and thoughts. By using the cyclic model, five components can be distinguished as involved in affect: (1) affect signal formation, (2) affect-signal emission, (3) affect feelings, (4) affect discharge, (5) affect registration. The totality of these processes is given the term "affect process." The descriptive terms of "pleasurable" or "unpleasurable" are rough, ambiguous terms. Colby prefers the terms "satisfaction" and "dissatisfaction," the extreme of dissatisfaction being pain. For the various affect feelings he suggests the terms "synchronous" and "dysynchronous," referring to CE periods which may or may not be co-temporal. "It is not absolute amounts, nor high or low frequencies of cathexis energy, but synchrony or dysynchrony of CE periods which determine the qualitative nature of affect feelings." Comfort and discomfort affect feelings motivate the organism toward or away from objects.

Colby then deals with the concepts of "realities" and "symbolization." In discussing symbolization he refers to the suggestion that "at the schema level one concept meaning can stand for another and this deserves to be termed symbolic function." Substitutions in which one concept meaning represents another are included under symbolization. At the conclusion of this chapter the author warns that while his model may be coherent and systematic, it may be deceptive. In addition, he has dealt with only healthy functioning, and a complete account should include theories of breakdown and disease.

7 *A Comparison of the Cyclic and Tripartite Models*

The introduction of new terminologies and constructs requires clarifications which may be accomplished by comparing them with the old.

The tripartite model and the cyclic model have much in common, but there are differences as well. The tripartite model is a two-dimensional geometric form, while the cyclic model is a three-dimensional manifold.

The tripartite model views cathexis as a reservoir in a hydraulic system. In the cyclic model CE is distributed throughout all the schemas of all its systems. There is no structure without CE and no CE without

structure. In addition, in the cyclic model CE has pulsatile rhythms which vary in frequency but not in absolute amounts of each beat.

How the ego is connected to the body is unclear in the tripartite formulations, whereas the cyclic model specifies certain systems connected with bodily processes which send signals to and receive signals from the PA.

In the tripartite model drive energy from the id is assigned in a lump to an unorganized region, while in the cyclic model it is distributed throughout certain systems of an organized PA.

In its depiction of ego formulations, the cyclic model has certain advantages. The cyclic model attempts both to emphasize and clarify the special importance of language in psychic functions. In addition, it helps in understanding how the PA can appreciate and respond to changes within itself.

In the cyclic model the meanings of the social field correspond to the contents of the superego in the tripartite model.

In closing, Colby states that this hypothetical cyclic model has a convenience and usefulness *not for all psychoanalytic theory, but only for the logical and metapsychological interrelating of basic postulates of psychic energy and structure.*

Martin A. Bererim M.D.

THE PSYCHIATRIST AND THE DYING PATIENT

by

H. R. EISSLER (73)

In the Preface, the author summarizes the book as follows: "This study of the relationship between the psychiatrist and the dying patient falls into three parts: a series of essays in which I try to discuss some problems of death under a variety of psychological aspects; three case reports in which I try to discuss some technical problems of the psychiatric treatment of patients who are approaching death; and finally concluding remarks which aim at the psychological foundation of an orthothanasia that is a right, true or proper manner of dying."

Part I: Introductory Essays

1. *The Three Thanatologies of the 1920's*—Until the 1920's the prevailing idea of death in the Western world was derived from the ancient concept of cutting the thread of life and regarded death as a

"sudden stopping of action and continuity" Then, in the third decade of the twentieth century three thinkers—a metaphysician, Heidegger, a biologist, Ehrenberg, and a psychologist, Freud—made death the central concept in their respective ideologies To each one, death appeared to be "a precondition to life and the key to an understanding of life"

"In the system of Heidegger's ontology, dying does not mean that existence has reached an end, rather, death is a mode of being upon which existence enters as soon as it has begun" The biologist Ehrenberg 'sees the essence of all life processes in their leading to structurization, in so far as structures are irreversible, they decrease the life potential Death, therefore, is a condition which sets in when life has fulfilled its function of converting the unstructured into structure"

Freud's thanatology, the earliest of the three, appeared in 1920 in *Beyond the Pleasure Principle*, in which Freud gave the final revision of his theory of instincts and set this "within the widest frame, bringing organic evolution and even cosmic influences within the aspect of a psychobiological theory Death in the form of a death instinct becomes a force which eliminates life, and the goal of all life is discovered in death"

2 *The History of Freud's Thanatology*—The problem of death first appeared in Freud's writings in 1900 in a description of the child's wishes for the death of the beloved persons "In this context the absence of the representation of death in the unconscious was postulated and the proposition [was stated] that death equals absence in the child's imagery' Clinical problems of hostility, destructiveness, and cruelty were considered to be manifestations of sadism In line with this, in *The Three Essays on the Theory of Sex* (1905), hostility is considered almost entirely a manifestation of sadism However, in *Wit and Its Relation to the Unconscious*, also published in 1905, 'Freud clearly distinguishes between sexuality and hostility"

The publication of *Totem and Taboo* (1912/13) is considered to be the next step in the development of Freud's thanatology Here Freud emphasized the importance of ambivalence "as a motor or societal development' and recognized 'that his theory was incomplete since nothing was known of the origin of ambivalence', it could be regarded either "'as a fundamental phenomenon of our emotional life' or as a secondary acquisition stemming from the child parent relation"

In "The Theme of the Three Caskets" (1913) additional material relating to the development of Freud's thanatological theories is found in connection with the folklore myth of a man choosing between three women or their symbolic representation Freud perceived that "the

third woman—who is regularly chosen—represents death. Freud maintained that insight into the necessity for death was transformed (by a reaction formation) into the fantasy of free choice of the most lovable

3 *Further Remarks on The Theme of the Three Caskets* — Eissler comments on Freud's establishing an identity between two of Shakespeare's plays—*Lear* and *The Merchant of Venice* since despite their outward difference the underlying tragic theme of both plays is the same as *The Theme of the Three Caskets*—man's reaction to the idea of death. The connection between man's destructiveness and the biological necessity of death is foreshadowed here and is an example of how Freud's genius enabled him to use literary material to take a forward step toward the formulation of a new theory thereby gaining new insight which apparently was not accessible to him at that moment from the clinical and theoretical material available to him.

The next step in the development of Freud's ideas on the death instinct occurred in the essay *Thoughts for the Times on War and Death* (1915). The counterpart of the sexual drives it was pointed out were destructive drives which aimed at destruction far beyond the necessities of self preservation or of sexual gratification. Freud raises the question of whether or not the active desire to destroy precedes love. These egotistical drives—as Freud called them—often are socialized by the admixture of erotic components. Thus the concepts of fusion and defusion of instincts which will become so important later are here introduced. The unmastered sexual drives threaten the reality adjusted interplay of the various ego functions but also their counterpart the self preservative (egotistic ego) drives may lag behind in their development and remain in their crude archaic form. However the psychopathology of the two groups of instincts is different. The impact of culture may lead to the neuroses in the case of the sexual instincts to malformations of character in the case of the egotistic ones.

In the second part of the *War and Death* essay Freud develops further the idea that man's attitude toward death bears upon all his actions. According to Freud's view of 1915 there are three basic constellations in which man must come to grips with death: his own death, the death of beloved persons and the death of enemies. The first is unacceptable to man's unconscious, the second is reacted upon with ambivalence and the latter is wished for. The unavoidably ambivalent reaction to the loss of a beloved person was the archaic situation where psychology was born.

The remaining chapters (4 to 17) of the first part of the book are devoted essentially to a review of Freud's thanatology together with a

discussion of various problems involved in the concept of the death instinct and an attempt to apply the concept to certain aspects of man's functioning

4 *Freud's Thanatology*—Eissler states "In Freud's theoretical system, death found its focus in the concepts of the death instinct and the repetition compulsion. The reestablishment [of a previous equilibrium] after a disturbed condition is the principal aim of our drives. If the principal tenet of modern biology is accepted, namely that life developed from an inorganic state, [then] the problem Freud faced was whether or not there is a drive which also guarantees the return of an organism to the primary organic state. [Freud] believed he had discovered that drive in the form of the death instinct. Freud used the biological [fact] of the [different] destinies of the [main] cell groups [the somatic and the germ cells] as evidence of the activity of two distinct biological forms of instinctual quality, the instinct of death relentlessly leading the organism back into its original state and the instinct of love creating over and over again, new life." The psychological manifestations of the death instinct are found in relation to aggression, hostility, and destructiveness, but the manifestations of the death instinct are always opposed by the love instinct. "The richness of instinctual phenomena and their derivatives must, according to this last of Freud's theories, be viewed as the interplay of these two instinctual forces. The study of their fusion and defusion, of their cooperation, of their neutralization over their—usually dramatic—conflicting courses is the most important part of a dynamic and genetic psychology of the instincts."

5 *Selective Problems Inherent in Freud's Thanatology*—Eissler points out that where most analysts have accepted the reclassification of destructive phenomena and their position independent of sexual-erotic phenomena, many of them have not accepted the view that variations in the intensity of the aggressive drives cannot be correlated solely with environmental frustrations. Another aspect of Freud's theory is that an organism can rid itself of the dangerous death instinct by directing it to the environment as aggression runs up against the difficulty that, as observed in some of the major psychoses, too intensive a flow of aggression toward external reality has an injurious effect on ego functions—though such an injurious effect may be caused by the action of the superego.

6 *Obstacles to Evolving a Thanatology*—Death is considered to be a biological phenomenon and this 'predominantly one sided

conception of death has prevented an empirical study of the psychology of death. The denial of death has become an outstanding characteristic of Western Christian civilization and in Eissler's view seems to have coincided with the rise of science and the relief of pain in dying afforded by modern medicine. This lack of awareness both of death and the pain associated with it together with the prolongation of human life may have important repercussions in the psychological functioning of man and the nature of civilization depending upon whether the death instinct will be further externalized. The tendency to deny death leads to attempting to conceal it from the dying person and this leads to important psychological problems.

7 Individualism and Attitudes toward Death—The author points out that it is not inconsistent with psychoanalytic theory to consider that at the time of approaching death the individual's psyche may undergo structural changes: the ego becomes more tolerant and achieves a different view of itself that enables it to overcome certain rigidities and achieve new growth. This would be achieving maximum individualization and it raises the question as to whether it is the psychiatrist's function to help the dying person achieve this or merely to render his dying painless.

8 Remarks on the Place of Death in the Human Species—Frisler outlines a simple scheme of sequences as follows. At the beginning and at the end of life the organism bends itself toward death surrendering without a struggle. At the beginning this may be because the death instinct has not yet been fused with and become pacified by the libidinal instincts; at the end perhaps because the instincts of life have exhausted their beneficial effects and the death instinct has become reinstated into the initial position of dominance. Between these two periods a period should lie in which death would appear as a foreign body or from the biological point of view as an avoidable accident caused by a complication of stimuli originating either from within or from without and being fatal either by quantity or quality. This rather simple scheme of consequences is complicated by the evolution of a structure as highly differentiated and complex as man's ego organization and by the taboos inherent in the oedipal complex—the greatest barrier to the gratification of the instincts—and by man's knowledge of death which makes him the only species capable of suicide.

9 Death and the Pleasure Principle—Despite the psychological certainty that death is an event that will inevitably occur it is difficult for the ego to imagine death even though it can imagine a state of

unconsciousness as being like death. The inability of the ego to imagine death may be necessary so as not "to destroy the ego's paramount function as a barrier against the death instinct's premature attainment of its goal."

The author then tries to connect fear of death, self-destructive tendencies, and sleep disturbances with castration fear and the loss of awareness during the peak of orgasm. "The ego requires the attainment of pleasure if it is to fulfill its function" and many of its great accomplishments "are based on the prospect of some future pleasure." The absence of pleasure or the prospect of future pleasure may be viewed as similar to death. The main point is the "damaging effect upon the ego" in case pleasure is abolished or threatened with abolishment, since this arouses or frees self-destructive instinctive drives. Therefore one of the main functions of the ego is to make innocuous these injurious forces as soon as the basic pleasure mechanisms are destroyed or threatened with destruction."

10 Death and Ego Formation—Each frustration stimulates aggression and, in the infant, the neutralization of this aggression by libidinal energy results in a source of neutralized energy which is fused for the formation of ego structures. Early aggressions, "prior to the infant's discrimination of within and without," are self-directed, another point in favor of Freud's theory of the early operation of death instinct. To combat this, pleasure may have been used as 'a premium that lured life further and further away from its origin', and later, 'the libido, following a tendency to find new and more highly structured apparatuses of discharge, might have been as effective as a propulsive evolutionary force for the ego'.

11 Remarks upon the Feeling of Identity and Mutation of the World—There is a remarkable similarity of the two experiences: the feeling of identity of self and the feeling of identity of the world. In line with this is the feeling that a change has occurred in the external world is often 'preceded by a weakening of the feeling of identity of self' as when a person grows older and, sensing this change in himself, projects it onto external reality. There is also an event in the external world—the loss of a loved object—which makes one feel that the world has suddenly changed. 'Man's action seems to be extended between two poles: the maintenance of the identity of the world in order to evade death and the mutation of that identity in order to convert the prospect of pain (and of death) into the presence of pleasure (and of life)'.

12 *Remarks upon the Death Mask of Beethoven*—Eissler states the face expresses a state in which pleasure or the hope for pleasure has irrevocably vanished life has become utterly depleted of libido an inner force has taken possession of the man it is the incarnation of death This freedom from libidinal forces not only permitted death to be seen in the mask but may be responsible for a spiritual synthesis which enabled Beethoven in his later works to rise to heights of achievement and expression possible to only a few

13 *Death and Self Preservation*—In modern occidental society man has surrendered most of his self preservative functions to society Despite the advances of modern medicine man is still preoccupied with his own body, and the psychological meaning of organic disease has not been deciphered Disease per se may apparently serve both life and death It may increase the potential for life as for the acquisition of immunity and at times it does enhance creativity Perhaps the ultimate function of disease is to give the death instinct a temporary discharge

14 *Remarks upon Death as a Psychologically Determined Event*—Eissler states I wish to postulate tentatively the assumption that death—in whatever shape or form it may appear—is always a psychological event growing out of the individual's total life history and the ultimate result of his individuality He acknowledges that in the case of accidental death or mass deaths resulting from a natural disaster this postulate seems unlikely but suggests that a final conclusion not be drawn before the matter has been examined by reliable research

15 *Death and the Masses*—The theory that death is always psychologically determined even in mass deaths finds some substantiation in historical events History is replete with instances where the masses rejected wise leadership and followed instead leaders who plunged them into wars and other courses of action that led to mass destruction Trotter and Freud are briefly cited to point out that individuals collected into masses frequently are particularly dangerous in terms of loss of control and defusion of instincts which lead to the release of self destructive energies directed against anything that is not part of the mass or against the mass itself

16 *The Possible Effect of Modern Medicine upon Artistic Creation*—Essentially Eissler raises a series of speculative questions as to what would have happened if medicine had enabled geniuses like Mozart to live longer He cites Thomas Mann as an example of a genius who was saved from death by modern medicine but implies that the tragic

heights" of creativeness in Mann that occurred under the threat of death lessened and changed when the threat of death was removed

17 Problems of Euthanasia—Eissler believes it is practiced much more commonly than is known. He points out the fallacies in the religious, moral, and other arguments that are used to oppose it, and indicates that both in those who oppose it and in those who are in favor of it or practice it, unconscious motivations may be involved. Eissler firmly believes that psychiatry can develop techniques for "the pacification of human aggression" and that it then can deal much more effectively with, not only mental illnesses, but the suffering of physical illness, the prolongation of life and the rehabilitation of the criminal and the delinquent.

Part II Three Case Histories

These "serve to illustrate the clinical fact that the psychiatrist has his rightful place at the side of the deathbed to help reduce the mental suffering of the patient by the use of psychiatric techniques. The author believes the technique of the treatment of the dying patient must center around what he calls "the gift situation." First, the psychiatrist must develop the proper setting—a strong positive transference and the impression that the patient can rely totally on him. Then, without waiting for the patient's verbalization, the psychiatrist must fulfill the patient's wishes unexpectedly. The gift will then be experienced by the patient as a symbol—"as the physician's giving him part of his own life" as though the patient and the psychiatrist were in part "dying together," which greatly reduces the painful reality of death and "may convert it into its opposite"—an impending rebirth.

Case One—A woman in her late fifties, the mother of a former patient, asked to come to see the author from "time to time." She is described as a Victorian, but with some independent and critical attitudes. She was an intelligent, witty, and literary person. In her early life, she had been suppressed in her individuality, ungratified in her affection for her father and forced to live up to the arbitrary standards of a sadistic mother, resulting in what was essentially a masochistic character, but apparently a well integrated one.

During the son's treatment, the mother was operated on for cancer of the breast, and, in order to pay for this and help her son continue treatment she offered to sell her house. The author interceded to prevent this and thus came to be a sort of "protecting guardian" to the woman even before he saw her. Soon after seeing the patient, the author learned

that she had not gone for regular physical checkups after her operation and felt this to be a manifestation of her masochism. He strongly suggested she have regular physical checkups; she reluctantly agreed and kept doing this for the next two years. Then she reported a dream—an unusual thing in itself since her dreams had never before been discussed.

In her dream she saw her newborn grandchild who had died shortly after birth in a coffin. From her associations it became clear that the background of the dream was a wild triumph over newborn life that had to perish whereas she was permitted to live. The author had the feeling that such a triumph was so absolutely foreign to such an inhibited dutiful Victorian lady that he insisted she have another physical examination immediately. A recurrence of the malignancy was found and the patient had to be operated on again.

Subsequently she was helped to make as good and as satisfying an adjustment as her masochism would allow. Some time later metastases were discovered and shortly afterward she died. The author had moved to another city prior to this but kept up a regular correspondence with her. During her last illness since he was unable to visit her he sent her flowers.

The author next discusses the remarkable fact that an impression which was gained from a dream led to the discovery of important physical pathology. He recognizes that other explanations are possible but feels that his intuitive flash was the result of his preconscious awareness that only an impending catastrophe could induce the patient to indulge in a triumph so foreign to her usual inhibited personality.

The author felt that this patient had been helped to achieve a peaceful outlook upon her impending death because she had experienced the period of psychotherapy as a gift given out of affection if not out of love. In part this was because he had not charged her for the treatment so she could feel this was given out of love. She had sublimated love perhaps better called affection such as she had never received from her father. This sublimated libido was exactly what this dying patient needed since her own libidinal resources were totally involved in the process of binding the death instinct activated in the pathological processes.

The psychiatrist thus functions in this clinical situation to provide the optimal libidinal accretion. The chief manifestations of this sublimated love will be—besides the readiness to help and the anticipation of the patient's needs—sorrow and pity, not the grief and despair which are shown by the patient's family. Also paradoxically the psychiatrist must partially share with the patient the archaic belief in the indestructibility of the patient's mind and body. The patient wants to

obtain the reassurance that no serious harm will befall him, but simultaneously he wants to be treated in conformity with the gravity of his situation. Thus the psychiatrist's seemingly contradictory behavior is correlated with contradictory expectations in the patient."

In this way, the psychiatrist creates an emotional atmosphere which is comforting and reassuring to the patient without the demands and the intensity that religion and family ties make upon him. The anticipation of the patient's needs without waiting for verbalization serves the same purpose if it is done in the right way and at the right time. The gifts that are given to the patient in this way may become a symbol of the triad of sorrow and pity and the confidence that the patient is immortal which provide the unambivalent, sublimated libidinal accretions the patient needs to meet the crisis of impending death.

The author recognizes the difficulty of the psychiatrist's achieving this completely. The necessity of activating contradictory attitudes, and of preventing the psychiatrist's own feelings about death, especially ambivalent feelings, from taking over, increases the difficulties involved. The insight of the psychiatrist into the essence of death that is to say, its being simultaneously the prerequisite and fulfillment of life, may help him overcome these difficulties in the treatment of the dying patient.

Case Two—The author again shows how the psychotherapeutic principles described above were utilized to help a dying patient, especially in relation to her environment and her family. The patient was a married woman in her middle forties and the mother of three children. She was a biologist and knew that her life time was very limited because of widespread metastases from a breast cancer. She is described as an unusual person—attractive, intelligent, active and optimistic. She had fled before Hitler, and after many struggles had come to America, obtained her Ph.D. in biochemistry, and made a successful career in cancer research. Her optimistic attitude and active and energetic approach thus had helped her to achieve a successful life, in contrast to what had happened to her own family. Both her father, a successful physician, and her mother had disappeared like all her other relatives except her brother. The brother was killed by the enraged husband of his mistress.

Several years prior to coming for psychiatric consultation she had had a benign tumor removed from a breast. Later, another tumor developed in the same breast and she had made arrangements to be operated on to have it removed and a biopsy made, when the remark of a woman friend, who questioned why she had to be 'cut up so much,' led her

to cancel the operation and seek another consultation. This second consultant felt she did not need surgery and saw her semiannually several times and then abruptly told her she did need surgery. The patient responded with rage, feeling she had been misled. She changed physicians, was operated on, and a malignant tumor was removed. Then metastases developed and she knew she was doomed. This was the situation when she came for psychiatric consultation. Of importance is the fact that at this time she believed she only had about three months to live.

The patient's chief concern was about what would happen to her children. No evidence of depression or other psychopathology was evident at first. Also she claimed that she felt no anger toward the consultant who had advised her against surgery. This absence of emotion was in contrast to the tragic reality of her situation and the knowledge that her own participation—her refusal to go ahead with the second operation—had contributed to the disaster. The uncompromising rationality of the patient, consistent with her scientific training, prevented her from adopting the usual self-deceptions that might have lessened the painful impact of the knowledge of her situation and led her to doubt the aid psychotherapy might give and to feel humiliated and weak at the idea of psychiatric help.

This was the difficult situation that confronted the psychiatrist with this patient. Using the principles described before, Eissler told her he could not at the time see any signs of neurosis and did not know if he could help her; he also told her that her attitude was most admirable and he himself doubted if he could do as well under such great stress, but she might try seeing him for a while to see if it would help to ease her distress. He then discusses at some length the ethics of making untrue statements to patients, although the statements he made to this patient he felt were true at the time. In essence, he feels that certain patients—notably schizophrenics and delinquents—often require of the psychiatrist an almost complete initial acceptance of the patient's symptoms as valid and correct reactions to external occurrences in order to establish a positive relationship with the patient. Later the necessary correction can be made.

In any event, Eissler felt that his initial approach as described above helped the patient enter into the psychotherapeutic relationship. It soon became clear that underneath the patient's altruistic concern for her children, her narcissism had been displaced from herself to her children, indicating the dangerous possibility that she might feel they were doomed too, which could lead to her committing suicide after taking the children's lives. She also clearly indicated she could not face the prospect of passively submitting to her own death and had made

preparations to take her own life when she knew the end was at hand. The author discusses the technical and ethical problems involved at length, including the danger to the ego defenses of the patient's verbalization of thoughts concerning her children.

The problem was worked out by the psychiatrist not minimizing either the gravity of the situation or the importance of the patient's feelings and, instead, focusing on active physical treatment and the difficulty she had in expressing certain obvious feelings—as weeping over her plight, and the absence of any rage against the consultant who advised against surgery. She was helped to bring out some of these feelings without losing any of her necessary defenses and the relief she felt, as well as the feeling she developed that the psychiatrist was on her side uncompromisingly, helped her move on to the next step. This was to think of having another person take over the care of the children after her death.

The psychiatrist suggested an older woman distantly related to him, as a possibility, and this idea became the center of the patient's fantasies although she could not bring herself to meet this woman. An important therapeutic task was accomplished in this way—the patient could identify with this figure and construct a new ego for herself, so that she could think of herself as surviving in this new ego. The association of the new figure with the psychiatrist aided a further elaboration of her wish fulfilling fantasies, in that he became like the father whom the little girl would present with a child and then die. "Thus accidentally, a favorable constellation and the possibility of the libidinalization of death had been created for her."

This summarizes a rather lengthy discussion in the book which deals with many important components of the patient's personality and emotional conflicts—her oedipal strivings, her conflicts over her own identity as a woman especially her conflicts over activity and passivity, in relation to her deep-seated and intense masochism which led to her own, so to speak, self-destruction. Her reaction to this deep-seated passive masochism had been to develop the energetic active approach so characteristic of her.

The latter was utilized in the treatment by helping the patient to keep active, especially in the physical treatment of her disease. The fact that she survived sixteen months instead of only three as she had anticipated was also of help. An opportunity presented itself for the psychiatrist to point out her defensive overevaluation of activity, and, while this was painful in one respect, it helped her feel less troubled about the need passively to await her death. All of the psychotherapeutic maneu

vers described enabled the patient to submit to the terminal phase of her illness with much less struggle and pain

Case Three—In the last case report the author deals not only with the exigencies of psychiatric treatment in a dying patient but with the potential dangers which the patient's death may harbor for the psychiatrist. This related to the patient's leaving a bequest in her will to the psychiatrist which was contested by the relatives on the ground of undue influence.

The patient, a woman in her early sixties, came for psychiatric treatment because of the great strain imposed upon her by her husband's terminal illness. The latter was a successful business man of hypomanic temperament and bizarre character who had insisted on his wife being removed from all realistic contacts, becoming completely dependent upon him and living the life of a sophisticated fashion doll. The patient submitted to this tyrannical domination in keeping with her masochistic character and an underlying extensive ego defect. The masochism had already shown itself when she had a hysterectomy because of severe dysmenorrhea despite her great desire to have children. The ego defect manifested itself in an inability to withstand aggression, a tendency to become easily depressed, an almost paranoid sensitivity, an extensive preoccupation with her body and many psychosomatic symptoms.

The first phase of the treatment despite the severe and long standing psychopathology went well and the patient showed considerable improvement in her adjustment to her husband's behavior and reality. This phase ended after three months with the death of her husband. During the next eight months she was confronted with several serious reality problems—the straightening out of her financial affairs and a serious illness necessitating two operations—but her progress under treatment continued. She then wished to move to another city to be near her adopted daughter. When she hesitated about leaving the author, he feeling the transference could not be analyzed, transferred her to another psychiatrist for a month to prove that someone else could also give her good treatment.

She was convinced and left to live with her adopted daughter. Ten months later she came to see the author and told of many difficulties with this adopted daughter. In addition she looked quite ill physically and at the psychiatrist's insistence went for a physical checkup which revealed an inoperable malignancy. Eissler felt that the patient should not be informed of her impending death and he resumed psychiatric treatment. She accepted his assurance she would get well but tested him

by asking whether she should change her will. He kept to his reassurance, but after a few weeks, she changed her will anyway and died two weeks later.

A short time later, the author, to his "painful surprise," was informed that 'the patient had left him a considerable legacy and had made him an executor of her will.' He refused the legacy and hesitated about the executorship. The husband of the adopted daughter brought legal action, claiming undue influence, but the matter was finally settled without court action.

In discussing the psychotherapy of this case, Eissler first mentions the factor of the patient's wealth. He did not believe this was a disturbing influence, although the patient did try to give him gifts. However, her physical condition was a complicating factor. The author points out that the irritating stimuli due to physical disease are utilized by unconscious id material to produce dreams and similar reactions. In the patient with a healthy ego, the psychogenic will be separated from the physical and some clear indication of the latter will be evidenced. In a patient with a weak ego, this differentiation does not occur and care must be exercised by the physicians, psychiatrists, and nonpsychiatrists that adequate physical examinations, etc., are done. Eissler feels this was done in this case.

He turns next to the aftermath of the patient's legacy. He discusses the legal aspects of the problem and cites authorities to indicate that the patient fulfilled the legal criteria for the possession of testamentary capacity. He also points out that as far as the legal criteria were concerned, there was clear-cut evidence that no undue influence had been brought by the psychiatrist on the patient in the matter of the will.

However, Eissler acknowledges that, in the light of our knowledge of the transference, the patient was under the influence of this unconscious relationship with the therapist. He discusses the effects that this might have on the patient in the sense that in the transference the patient's unconscious may be responding to something in the therapist's unconscious. The safeguards against this are the character of the therapist and his having had an analysis so that he is aware, as much as possible, of his own unconscious. For the rest, proper understanding and handling of the transference will obviate a great many of the dangers of adversely influencing the patient through the transference. In the handling of certain very sick or dying patients, like this one, protecting the patient or doing something for her or giving or accepting a gift—things that would ordinarily violate the rules of the correct handling of the transference—can and should be done but only with the greatest of care. After the termination of the treatment, by death or otherwise

the psychiatrist should not accept gifts or legacies or executorships in keeping with the proper attitude toward the transference.

The author concludes his discussion of the psychotherapy in Case Three by pointing out that even the exercise of the greatest care with the patient could not prevent the 'acting out' by the patient's relatives in a situation such as the above, even though the psychiatrist refused the legacy. The case also illustrates one of the dangers the psychiatrist must face in the treatment of the dying patient as outlined above, since, in order to maintain the necessary positive transference, the patient's natural ambivalence is not permitted expression. The ambivalence may come out after death in the embarrassing and dangerous form of a legacy to the psychiatrist.

Part III Concluding Remarks

Problems of Countertransference—The treatment of the dying patient as outlined above is extremely difficult and involves a great personal strain on the psychiatrist. Eissler feels that the most difficult requirement is for the psychiatrist to 'identify part of his personality with the dying patient, as if part of himself were dying.'

Death and the Biological Sciences—Death may be "principally a problem of the mind" and the psyche may have the function of impeding the return of the organic life substance to inert inorganic material by providing stimuli for the development of organic material. After reviewing some of the literature that cites the fact that a single cell may be immortal under proper conditions as evidence against Freud's death instinct, he points out that sexual propagation abolished the coincidence of death and propagation as it is observed in unicellular organisms. Thus libido even biologically, opposes the operation of the death instinct.

Death as a Psychic Event—This has rarely been described. "Con summation of the past, involvement for new structures and destruction of already-existing ones" would be part of psychic processes of death that need to be studied.

Death and Time—The author makes the point that a psychology of death will need as a prerequisite a psychology of time, "since man cannot experience death without the experience of time." The experience of time is bound to the earliest emotions and the earliest instinctual processes as an archaic internal experience when time becomes an explicit content of the psyche a great change has occurred in the psyche, and death or fear of death at this point also become an explicit content of the psyche. Fear of death refers to the fear the psyche

will not have time left to live; it is to be distinguished from fear of annihilation, which is fear of destruction of the body.

There follows a long analysis of the psychological meaning of time. Utilizing much material from the literature (philosophical, psychological, and biological), the author points out that we perceive whole concepts or things, combining our present perceptions with expectations of future sensations and the memory of past perceptions. This is a function of consciousness and the ego. The only pure present would be the orgasm, when "the ego is submerged into pure sensations." The only pure psychological past would be deep, dreamless sleep where the ego and the body regress into a primitive condition and in which contact with present reality is discontinued. The only pure psychological future would be death, when there would be no present or past and no time left in which to experience anything. "If death is the necessary result of all life processes, then, by dying," man fulfills the biological destiny of his future.

As regards the "anxiety of death," Eissler indicates it is always felt as an uncertain event and is related, as pointed out by Freud, to a deep-seated castration fear. "Terror of death" refers to a certain event and frequently is the result of internal organic changes. Finally, since time is experienced differently biologically—at different ages, in sickness and in health—and since time has a different meaning to people in varying historical and social states, death has a different psychological meaning to people under these varying conditions.

Euthanasia versus Orthothanasia.—Euthanasia is dying without suffering or fear; it obviously tries to extend the pleasure principle to death. Orthothanasia signifies "dying in a manner adequate to the reality of death" and obviously would be in accordance with the reality principle. Many thinkers and philosophers, of whom Socrates is cited extensively, have tried to develop a way of thinking about death that would make it less painful. While superficially these approaches seem to be an attempt to develop an orthothanasia, Eissler feels they really are directed toward euthanasia. The belief in the immortality of the soul is also directed toward making death less painful, even though the known facts have long made it impossible to maintain a belief in immortality.

The belief in immortality is an expression of man's narcissism, which refuses to accept the fact that with death his unique existence will end. Only the martyr, who believes the cause for which he is dying will go on to victory in the future, can die without suffering in an appropriate fashion—combining euthanasia and orthothanasia. Beyond this, we have no knowledge of orthothanasia. One of the tasks of science is to

develop principles of orthothanasia to help man fulfill his biological destiny in an effective fashion. This knowledge may help man solve the problem of time and truly and constructively plan for the future.

Aggression and the Belief in the Immortality of the Soul—The representation of the self does not contain the idea its being destined to die, this as has been described is a remnant from the early narcissism of childhood. In the adult retention of this narcissistic view leads to an incomplete representation of the self in the past as still being the time less narcissistic entity of childhood. This accords with the religious belief in immortality, but it also leads to aggressive behavior to others because a capacity to love others depends among other things on fullness of the representation of the self. A lack of integration of the body image is correlated with aggressive behavior.

Individuality and Physiological Functions—While on the surface the physiologic or biologic functions seem destined to be monotonous and repetitive, closer scrutiny reveals that they are even when fulfilling rigid biologic drives very varied in their fashion of carrying out these functions. On the other hand, the ego functions related to cultural and artistic expression seem on the surface to be very varied and individual, but a detailed study of the way in which, for example, the writing of poetry occurs, reveals that the creative artist feels an urge which leads to the execution of the creative function in a way which the artist does not understand and over which he has no control. The point of all this for Eissler is that death, an irresistible biologic drive, need not merely occur but can become something which the individual prepares for and executes in the fashion that is best for him—fulfilling the requirements of orthothanasia.

Basic Principles of Orthothanasia—After some comments on the religious beliefs concerning the fall of man and the hope that after death there will be a future life of heavenly bliss for the virtuous person, Eissler returns to the major point that death is a natural event, a fulfillment of man's biological destiny and that accepting this point of view gives death a place in man's awareness which is free of the concepts of evil and of good. It remains then for man to use his reason and all the other resources of his ego to understand death and find a fit manner of dying. This is the goal of orthothanasia—it will guide the individual in finding his individual way toward the end of all ends—death. Thus orthothanasia will not provide consolation but will help man face the bitter truth of the reality of death. In so doing it will enlarge man's self and help him enjoy the state of enlarged inner freedom that results from facing the truth concerning the inevitability of death.

Aaron Stein, M.D.

PSYCHOANALYSIS AND ETHICS

by

LEWIS SAMUEL FEUER (85)

Many persons say that the psychoanalytic method leads to an ethical nihilism, according to which all political philosophies are systems of rationalization for irrational aims. This belief, however, is unfounded. The psychoanalytic method, rather, helps provide the means for deciding which of our values are rational and which irrational. It clarifies the grounds of choice. Rational values diminish frustration and pain in human lives.

Empiricist philosophers such as Bertrand Russell have maintained that science cannot resolve disputes concerning ultimate values. It would seem then that scientific method cannot be the foundation for ethics. Consequently, many thinkers have had recourse to some faculty of ethical intuition to provide them with a basis for ethical judgments. But as Locke suggested, the so-called ethical intuition turns out to be the voice of our parents admonishing us from our unconscious. The basic significance of psychoanalysis for ethics is that it provides us with a technique for verifying assertions concerning ultimate values, and for surmounting the dilemma of ethical argument.

Let us, for instance, consider the case of an ascetic who tells us he values starvation. We shall regard his statement as a verbal report which we shall then verify by seeking out the deeper, unconscious levels of his personality. Then we find that the evidence of the unconscious, rendered in dreams and free associations, testifies that the ascetic's verbal report is belied by the testimony of his underlying self. In using the psychoanalytic criterion, we interpret assertions that given values are 'ultimate' as affirmations that there are corresponding unconditioned drives in the human organism. When Nietzsche thus says that power is an ultimate value, he is refuted by the evidence that power-seeking is not a primal motivation, but a response to anxieties of deprivation.

The basic distinction between *authentic* and *inauthentic* values is one between values which are *expressive* of the organism and those which are *repressive, anxiety induced*. The task of ethical criticism is to bring the person (or society) to a self understanding of himself so that he can find what values are truly his own. We may thus ascertain when a given ethical philosophy is inauthentic. The cynic who denigrates human goods is a person who responds to the social order which opposes his basic

desires by identifying his self with the world which deprives him of happiness. This gives him a surrogate feeling of mastery reflected in his consciousness by cynic denials which his unconscious refutes. The pessimist such as Schopenhauer likewise calls upon us to identify ourselves with the forces which oppose us; we are asked to redirect resentment away from the external world toward ourselves and by willing ourselves the defeat of our desires to mitigate our pain. Pessimism with its apotheosis of suffering is an inauthentic defensive response because it tries to deny the values which are expressive of the underlying organism. It is a neurotic response because it has internalized aggressive impulses against one's self. The self-directed infliction of pain is never satisfying and the repressed desires for happiness persist within one's unconscious.

Philosophers have devoted much labor to provide what they call an analysis of good. Stevenson writes for instance that to say this is good is equivalent to saying I approve of this do so as well! From the psychoanalytic standpoint however there is no unique analysis of good. Linguistic usages of good vary in accordance with the emotional configurations of different societies. We can thus state as a general principle corresponding to different social structures with their different modal personality forms there are likewise diverse ethical languages each with its specific psychoanalytic characterization. A few brief samples of diverse cultural usages and their respective analyses (in the psychoanalytic sense) follow.

1 For an authoritarian state this is good = I dislike this but the State wants it. I fear the State therefore I must repress my dislike and say that I like it and I shall find a channel for the aggressive impulses generated by my frustration by insisting that you should like it too.

In a liberal society on the other hand good becomes less imperative in its significance and more commendatory.

2 For a liberal society this is good = I like this and since we are so much alike you probably would like it too.

The Calvinist sense of good has a more demanding compulsive superegotist flavor.

3 For a Calvinist society this is good = I dislike this but was compelled by my father to accept it now having identified myself with him whatever resentment I harbor against him will be deflected toward my own children who will suffer as I did.

Finally in a society which is greatly influenced by the techniques of advertising and mass persuasion this is good = your community club and set approve this the best people approve this the sound elements do so too whereas radicals disapprove this. I whether I like it or not approve this therefore do so as well.

Ethical terms such as 'good' cannot be logically defined in the way scientific terms are, rather their usage can only be psychoanalyzed. Such psychoanalysis, furthermore, has the important consequence of depriving ethical terms of their efficacy as anxiety inducers. The word 'good' derives much of its power from awakening in our unconscious the fear and terror of parents and commanding adults. Ethical terms ignite the sense of guilt in our unconscious. By making their linguistic mechanisms conscious however, analysis dissolves (in Mill's phrase) the anxiety inducing quality of ethical language. Ethics, assisted by psychoanalytic criticism no longer professes to be a distinctive, nonempirical science, with its irreducible terms. It becomes the application of social science to human problems. The ethical thinker seeks the path for reducing anxieties liberating affections bringing men to clarity. Asian thinkers such as Sjahrir and Nehru who analyze the so-called Eastern values of suffering and passivity, and find them inauthentic, the outcome of the repression of people in feudal and caste societies, are, in effect, applying the genetic, psychoanalytic method, and conceiving of ethics as a branch of social science. This indeed was Spinoza's conception of ethics as the use of psychological understanding to liberate men from bondage to 'inadequate ideas' (inauthentic values repressive of men's desires), and his conviction that 'a passion ceases to be a passion as soon as we form a clear and distinct idea'.

Ethics as knowledge, as applied social science, provides a diagnosis of inauthentic choices. But knowledge is often baffled by the emotional determination in many persons to act in irrational ways. The power hungry, the narcissistic sadistic, and masochistic those with broken and warped wills have an emotional resistance to acting upon the insights brought by psychological knowledge. The un-Platonic fact is that knowledge itself is not a sufficient condition for virtue. The broken will has to be mended: the narcissistic person's capacity for affection must be revived. The resistances to ethical knowledge do not alter its scientific character no more than the refusals of Aristotelian theologians to look through Galileo's telescope affected the validity of his observations and theories. Emotive resistances do however prevent the behavioral acceptance of authentic happiness-giving values.

The function of (what we shall call) *therapeutic propositions* is precisely to help in the repair of the will and in the revival of the capacity for affection. Some statements of the great religions have moved the down-trodden. "Ye are all equal—children of one Father," "The earth is the Lord's and the fulness thereof," "The Lord is my shepherd, I shall not want." Such sentences are therapeutic in so far as they strengthen the will of the person and rekindle his self-respect. Whereas the anxiety

inducing statements of much traditional ethics have been designed to weaken the will with guilt and tension and to make for the person's submission to the superego the aim of therapeutic statements is to lend support to the original and unextinguished free components of the personality. They counteract the resistance to free action which arise from the repressive forces of the social order. Such is the significance too of the god of love who replaces the Calvinist god of hatred. The comradeship of a political party with its therapeutic language can function in this manner as did the nonconformist sects in seventeenth-century England. A statement likewise such as "Man is nothing else but what he makes of himself" is clearly false as a proposition of sociological science. Traditions and material conditions have had an immense part in making us what we are. Nevertheless such a statement is important not for its manifest overt content but for its underlying latent significance. It evokes the person's faith in his own capacities and conveys his participation through others confidence in him in the social feelings of mankind. The resistances to ethical knowledge which were born of hatred anxiety and insecurity are thus undone.

The language of traditional philosophic ethics has been mostly composed of anxiety inducing terms. The ethical language of the toilet training situation provides the model and archetype of much philosophic ethics with its usage of such words as duty and bad. It is noteworthy that the terminology of anxiety inducers has been dominant in countries with an authoritarian culture. The movement toward a liberal ethics began therefore in writers such as Bernard Shaw with a criticism of such notions as duty. It is characteristic of democratic countries that the ethics of duty of anxiety inducers tends to diminish. Jefferson's declaration "I too am an Epicurean" sets forth plainly the liberal-democratic criterion of happiness. The Puritan ethics of self-denial in pioneer America could claim justification of necessity and scarcity. Its latent aim was the maximum happiness available under conditions of material deprivation. With the achievement of economic affluence persistence in the Puritan ethics meant adherence to repressive values.

Ethics as the applied social science of men's happiness can flourish only in a society where people feel identified with each other where the social feelings of mankind (in Mill's phrase) are well developed. There are two kinds of identification experience which must be distinguished for one is the source of ethical action and the other may lead to cruelty. The first is the experience of affectional identity most intense in the identification of lovers with each other. A durable world peace depends in the long run on the achievement of a diffused affectional identity among the peoples of mankind. The second kind of identification

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arises not from affection but from fear. When slaves "identify" themselves with their masters, when they abdicate their own will with weariness, and enthrone within themselves the will of another, the mechanism is that described by Freud as the ego's identification of itself with the superego. This latter mode of "identification" is repressive and anxiety induced, it stands in marked contrast to the liberational experience of affectional identification. Metaphysical ethics has often provided rationalizations for the repressive mode of identification, arguing that only thereby do we fulfill our 'reality'. The social feelings, on the contrary, constitute an identification which is free from sadistic or masochistic ingredients, and are the basis for the liberal ethics.

In effect, I have been trying to rewrite the liberal utilitarianism of John Stuart Mill with this important difference. Mill's theory at crucial points breaks down because he tries to found his ethics on fallacious logical arguments rather than on the psychological facts of man. Psychoanalytic theory helps provide a stronger basis for Mill's ethics than he gave himself. When Mill argued that because each person desires his own happiness and each person's happiness is a good to himself, that therefore the general happiness is a good to the aggregate of all persons, he provided an inadequate support for his Principle of Utility. This latter is the Greatest Happiness Principle, according to which actions are right in proportion as they tend to promote happiness. But the malevolent person can oppose a Principle of Disutility to that of Utility, he can proclaim that the condition for his own happiness as an individual is the Greatest Misery of the Greatest Number. No bridge can be constructed out of pure logic from the desire for individual happiness to that for the general happiness. Nor can the Principle of Utility be founded on the mandate of conscience, for Mill, like Freud, finds that conscience is derived from origins which include the recollections of childhood, the desire of the esteem of others, and occasionally even self-abasement. Conscience is not a metaphysical faculty which intuitively knows good and right and wrong. The metaphysical credentials of the superego do not withstand genetic analysis. 'Moral associations' as Mill says, which are wholly of artificial creation, when intellectual culture goes on, yield by degrees to the dissolving force of analysis.

The ultimate foundation for the Greatest Happiness Principle is man's affective nature, his 'social feelings'. The person whose emotional concern has narrowed down to his 'self' in which self signifies an absence of affections or interests in other persons does not derive the maximal happiness or satisfactions of which his life's energies were capable. The egoist hedonist is one who has limited his capacity for happiness: he is generally too afflicted by the painful anxiety and appre-

hension that others are a threat to his self. The Greatest Happiness Principle expresses the psychological truth that the greatest individual happiness comes with the utmost extension of one's libidinal interests or values to other persons. In this sense the happiness of the self and that of others are emotionally indissoluble. The Greatest Happiness Principle expresses the standpoint of affectional identification: it is not the dictate of an anxiety-inducing imperative.

The famous mental crisis in Mill's youth illustrates the basic importance of founding the liberal ethics not on anxiety-inducing imperatives but on the affectional nature of man. Mill was twenty years old when he asked himself one day: Suppose that all your objects of life were realized—that all the changes in institutions and opinions which you are looking forward to could be completely effected at this very instant—would this be a great joy and happiness to you? And an irrepressible self-consciousness distinctly answered: No! At this my heart sank within me: the whole foundation on which my life was constructed fell down. I seemed to have nothing left to live for. Mill also worried that in a perfect social world happiness might become extinct because the pleasures of life would be without savor if not kept up by struggle and privation. It is a noteworthy psychological fact that Mill's recovery began when he found himself moved to tears by a passage in which a French author described his father's death. We may surmise that the passage conveyed to Mill the symbolic representation of his own father's death. James Mill, the father, had crushed his son's capacities for feeling and had turned him into a mere reasoning machine. The father had the greatest contempt for passionate emotions of any kind. The son avowed sadly that he could not love his father: he was only loyally devoted to him.

John Stuart Mill came to recognize that where social activities are induced through the superegoist pressure of guilt, the outcome is anxiety, dejection, and narcissist disillusionment. Mill came to see the importance of the cultivation of emotional experience and human affections as the basis for the liberal ethics. Anxiety-inducing terms are not the durable groundwork for devotion to mankind. Mill's repressed aggressive feelings toward his stern Calvinist utilitarian father made it seem to him that every genuine pleasure must be the outcome of painful struggle. This was the source of his reformer's fallacy, which takes struggle as the end rather than the means of reform. Mill's recovery was never complete for the question: are you happy? was one which he was still inclined to repress.

Associated with scientific ethics is a kind of optimism which affirms that man can in principle solve all his problems. Knowledge, however

as Ecclesiastes said, may finally bring sorrow. A great analyst like Freud may have come to understand the unconscious causative processes within him but he remained, at the end, an unhappy, pessimistic man. The world of war, conflict and death—each is a *surd datum* which no philosophy can exorcise. Scientific method in ethics is not sufficient for a philosophy of life, for the latter involves an assessment of the chances of man's realizing his values in this universe. After our ethical ideas have been worked out, the indeterminacies in our knowledge of the world, and limitations in our power to affect events, are still with us.

Contemporary empiricist philosophers affirm that the question whether life has a meaning is a meaningless one. Such thinkers use the criterion of meaningfulness as a censor wherewith to repress 'meaningless' questions into the philosophic unconscious. The empiricist standpoint is itself founded, however, on a component of emotional projection, not on logic. The empiricist declares that an unanswerable question is meaningless. The criterion of meaningfulness is the projection of a self-destructive impulse: the meaningless question is the element in the empiricist self which he would extirpate. A masochist form of immolation, like an adolescent boy's trying to be tough, is the latent content of empiricist epistemology; the value system of masochism is the decision base for the postulates of his theory of knowledge. Nonetheless the repressed questions as to the meaning of life return even to the empiricist consciousness.

According to the liberal theory, the achievement of a civilization can be measured by its relative attainment of happiness. Freud directed powerful criticisms against the liberal theory; he argued that the advance in civilization necessarily increases man's unhappiness. Can the liberal theory of civilization meet Freud's criticisms? Civilization, says Freud, is based on the renunciation of instinctual satisfaction. The prohibition of incest, the barriers of monogamy, disable the sexual life of man. Guilt's burden is added with the hatred of the father and the repression of the oedipus complex. The conflict of ambivalence grows more intense as the human group extends its domain to include all humanity. For man's innate aggressiveness, says Freud, is frustrated as civilization expands. A communist society, for instance, can be stable only so long as there is an internal or external enemy against which it can vent its aggressive energies. The bourgeois scapegoat, in Freud's view, is the psychological safety valve for the communist society. A universal civilization would place an intolerable burden of peace on its members.

Is a sense of guilt, however, a pervasive trait of civilizations? The England of the eighteenth century did not know the remorse of Cromwell's time. A somber melancholy weighed on the close of the Middle

Ages, but the Renaissance brought an increased awareness and capacity for joy. The great eras of civilization are those in which the sense of happiness is strong, and men feel no guilt for their human status. Under what social conditions might we expect the sense of guilt to diminish?

Guilt feelings persist, first, because of the conflict of generations. But this conflict of fathers and sons is not of equal intensity in different societies. It is strong in a nomadic pastoral economy. It is weak in a society which allows youth in the fullness of their powers to find an opportunity for their energies. The young men who made the American Revolution took the pursuit of happiness (in Jefferson's words) as their political aim, they were free from guilt energies which in other societies were consumed in inner strife. Societies which are liberated for life's purposes. A society in which emotions are not repressed does not hesitate to allow happiness as its end.

Class exploitative systems have also been an important cause of guilt experience for class systems make for ambivalences. Whereas youthful affections are open and spontaneous, the imperative of the class system, however disguised, is to hate your inferiors. Movements of social revolution have been the means whereby the youth of the upper classes have tried to alleviate their consciousness of guilt. The English reformers who were filled with a consciousness of class sin, the Russian youth who went back to the people were instances of such efforts to broaden the areas of social feeling and reduce the ambivalence which arises in exploitative situations.

The burden of inequality has been the cardinal factor in man's consciousness of guilt. The guilt experiences upon which the Bible dwells thus are not parricides but rather fratricides. The narrative of Cain and Abel reflects the conflict of the early pastoralist and agriculturalist jealousy, the child of social injustice, makes its appearance. The story of Ishmael and Isaac is an attempt somehow to project the guilt of the Hebrew tribes, who had taken lands from their fellow tribes upon the divine will. The tale of Esau and Jacob tries to solve the problem of the guilt experience of inequality by recourse to the will of the parents while the story of Joseph and his brethren invokes the tribal superego to justify the inequality among the Hebrew tribes themselves. The ambivalent feelings of brothers toward each other and their consequential sense of guilt, were the familiar outcome of a patriarchal social system and provided the model for the guilt of peoples toward each other. Fratricide was thus the historic primal crime, the symbol of the social sense of sin. A universal civilization which would banish exploitative classes and national rivalries would remove the fratricidal source of guilt. Nor does the evidence sustain Freud's view that civilization increases

instinctual renunciation. Freud's very emphasis on sexuality is an in direct tribute to the fact that civilization has come near solving the more elemental problem of hunger. The struggle for food which dominates primitive life has in large measure had a happy outcome. Moreover, the disablement of sexual life was very much the product of religious traditions such as Adam's fall and Original Sin which linked sexuality with evil. Only with the eighteenth century did philosophers such as Diderot begin to take a saner and healthier attitude toward sexual joy. Freud says that sexual love withdraws the self-sufficient lovers from cultural and social activities; that culture and love are mutually incompatible. But the actual facts show that social feelings and cultural works are themselves stimulated by satisfactory love experiences. The fallacy in Freud's theory is that he holds to a kind of energy fund theory. He believes that this libido fund is fixed, so that if a large quantity were expended between two lovers, the supply of available energy for the rest of society would be reduced. The truth is rather that the frustrated lover becomes uninterested in life and its activities. Personal sexual happiness liberates energies for social use. Frustration withers the source of energy. Sexual love, far from isolating people, unites them to society. The lover is proverbially known for the accession of friendliness in his character. Civilization is to be conceived as a liberational force with respect to the instincts, not a repressive one.

Sexual disablement arises when an oppressive social system diffuses among people a hatred of humanity and themselves. Sexual activity then becomes an occasion for the venting of aggression, contempt, or anger upon some woman, the indulgence of hatred for the submissive object. The experience of love joined with hatred gives rise to guilt. The social misery of the Greco-Roman world was thus the soil for the hatred of the flesh which Paul made into an *essential component of Christianity*. Asceticism, the self-hatred of the body, arises in societies where sadistic sensual indulgence has reached a high point. Augustine's ascetic revulsion was a reaction against the guilt experience of a world in which sexual activity was the debasement of an inferior. Sexual life can be disabled even where it is promiscuous, and even where the cultural superego is weak. The most impoverished Negro group does not find happiness in greater sexual promiscuity. For the sexual experience of a submerged class bears "the mark of oppression," the tendency to use sexual relations as a brief opportunity to dominate another person, or a moment of sensory escape from a world which one would repress. If Freud were correct in linking sexual desire to aggressive instinct, then the degree of frustration and the incidence of mental illness among Negroes should be low. The precise opposite is the case.

Freud's sexual pessimism was founded on the belief that culture divides the erotic life of men, and makes for psychical impotence. A civilized man, he said, will always find the sexual act degrading, full sexual satisfaction cannot come with a woman toward whom one feels affection. Moreover, Freud says unrestrained sexual liberty leads to no better results because the absence of obstacles makes love worthless. Civilization, however, is not an agency which sunders sensuality from tenderness. The love lyrics for instance, gathered together in *The Song of Songs* are remarkable precisely because of their union of love and passion. The delight the lovers take in each other's bodies is free from the dark guilt which pervades Freud's account. The lovers feel no need of an ethically inferior object whom to degrade. The oedipus complex, moreover, varies enormously in its intensity from one society to another. A society of patriarchal dominance breeds the oedipus complex as a form of compensatory sexual relationship. Women who have no choice in their marriages cultivate the emotional ties of their sons as surrogate lovers. The long delay between maturity and sexual activity, to which Freud gave a prominent place in his pessimism about civilization, is much less characteristic of contemporary American society than it was for Freud's Viennese middle-class setting. The unrestrained sexual license which Freud criticizes was not rational freedom but rather channels for sexual aggression by neurotic masters or slaves. In Freud's theory, there lingers something of the self-hatred which was inculcated by the Platonic-Christian tradition.

In three respects, especially, has the advancement of civilization increased peoples' sexual happiness. The replacement of polygamy with monogamy made possible a more widespread instinctual satisfaction, for polygamy historically meant wives for the few, and abstinence for the many. Secondly, the recognition of romantic love, which became prevalent with the Industrial Revolution, liberated personal choices in sexual experience. Lastly, the modern feminist movement, with its egalitarian spirit, brought a marked concern for the sexual well-being of women. The Central European *Hausfrau* seems to have been the model for Freud's psychology of woman: she is depicted as a passive sexual object, knowing no real pleasure except in her children. The myth of the passive woman was the counterpart of the sadistic attitude with which men had involved their own sexual outlook. The movement of which Mary Wollstonecraft was the prophetess led to the liberation of women as equal sexual beings.

Freud's theory of civilization is a species of primitivism—the philosophy which holds that our prehistoric ancestors were happier than ourselves. Primitivism in its disillusionment with the present projects

upon the past the fantasy of a happy Golden Age. All the primitivist myths have had an anti intellectual bias: they do not assist the solution of contemporary problems. Freud's experience of war estranged him as an ethical philosopher from people, prophets, from Moses to Shaw and Wells, have felt this alienation from the people who preferred to remain small in spirit. Freud could not bring himself in his correspondence with Einstein in 1932 to foresee any hope that man would curb his destructive impulses. It is not possible to determine clearly on experimental grounds whether there is an innate aggressive drive or whether every aggressive impulse originates from some frustrated desire. Evolutionary biology is consistent with the notion that some irreducible aggressive drive does exist, but we cannot verify pronouncements concerning the state of aggression in a frustrationless organism. Whatever the ultimate nature of man, however, we can undertake the practicable human task—to reduce the sources of known frustration. There is enough pain and hatred which is alleviable, this is the postulate of social action, and history has written no negative decree on efforts in this direction.

The self doubt of contemporary society reflects itself in the doctrine of cultural relativity, according to which there can be no valid trans cultural criticism of basic value postulates. This standpoint commended itself to distinguished social scientists who wished a theoretical basis for their critique of ethnocentrism and imperialism, and was eloquently advocated by Ruth Benedict and Margaret Mead. What the cultural relativist fails to perceive is that no ethical consequence follows from the anthropological fact of human variation. If intolerance is a culture's basic value, it would (from the relativist standpoint) be immune to criticism. The universal ethics, however, which is the outcome of psychoanalysis rests on the scientific belief that there is a common biological foundation in all the branches of the human race. The programs of technical and medical aid to the world's backward areas are founded today on such a common ethical philosophy, with its biological criterion of the frustration and satisfaction of underlying drives. Some cultures are repressive of human drives; others have achieved a high degree of expression. The free society is that set of institutions which promote the maximum expressions and the minimum repressions. If ethical relativity were true, there would be no general laws of psychology common to all cultures. The diversity of learned cultural forms itself rests, however, on underlying universal laws of human psychology. On this methodological basis the social sciences may contribute, not toward transvaluation nor devaluation, but toward man's own valuation.

We have proceeded in our inquiry on the assumption that self knowledge, the bringing of all to the clarity of consciousness, is the in

strument whereby the science of man will make for his happiness. A challenge at this point arises to the wisdom of science. What if there are certain realities which our minds cannot genuinely face? What if there are facts which are unmindable as certain substances are indigestible? If consciousness arose as the instrumentality for the solving of problems, perhaps the unconscious arose as the biological expedient for housing insoluble problems. Consciousness beside helping man to cope with his environment, brought him as by products an awareness of death and a hostile universe. Perhaps our unresolvable anxieties with respect to ultimate problems are best left in the unconscious. Freud compared his work to the draining of the Zuyder Zee, but there comes a point where drainage is uneconomic. Repression into the unconscious may be a biological device which ensures the efficient allocation of energies. Again, we are faced with an unanswerable question. We have eaten, however, of the Tree of Knowledge, we cannot undo our choice, and willfully thrust consciousness from ourselves without ceasing to live what we value in ourselves. Basic questions will still remain unanswerable: the highest honesty is then to have asked them.

Liberal civilization begins when the age of ideology is over. Ideologies project wish fulfillments where knowledge is unavailable: it denies those realities whose existence it would repress; it enhances into ultimates what it prizes. The follower of ideology is always repressing large segments of his personality; he represses doubts and emotions of good will. He is always ambivalent toward the church, nation, party, or organization which has warped him. The age of religious wars was followed by a time in which men admired cosmopolitanism and the rational spirit. Disenthralment from ideology today may help the emergence of a human, liberal world.

Lewis Samuel Feuer, Ph.D

SWIFT AND CARROLL: A PSYCHOANALYTIC STUDY OF TWO LIVES

by

PHYLLIS GREENACRE (115)

This psychoanalytic study of *Swift and Carroll* was stimulated by the author's clinical psychoanalytic research. Working on cases of fetishism, she had observed that the perversion occurred in people who had been subject to strong external stresses during certain crucial peri-

ods in early life. These stresses upset the integrity of their self perception and the assimilation of the sensations of their own bodies, revealed as a disturbance of subjective sensations of changing size, either of the total body or its parts. The complaints of these patients are identical with those described in *Gulliver's Travels* and *Alice in Wonderland*.

Part I Jonathan Swift

Swift was enigmatic, touchy, contradictory. Famous for his satirical prose and the open obscenity of much of his poetry, his speech was immaculate, charming, and witty. Swift never knew his father, who died seven months before his birth, and he rarely saw his sister, who was barely two years his senior. Despite the family's poverty, the children had a nurse who kidnaped the frail Jonathan when he was a year old. Learning of the abduction, his mother sent word that he should not be returned until he was stronger, and he remained with the nurse for some three years. Upon his return he had been trained in cleanliness, and was already able to read and spell. Shortly after his return, his mother left and her son seems not to have seen her again until he sought her out when he was twenty-one. Nonetheless, he consigned 'his loving nurse to anonymity, but his mother, who had deserted him twice before the age of five, he visited whenever he could.

From five until twenty-one, Swift lived a hated "institutional existence in school, and in the household of a paternal uncle, shared with many cousins. His behavior during these school years has been described as obedient though frozen. Only after the attainment of a 'dishonorable degree' did he become openly rebellious and begin to liberate some of his intellectual powers.

A first flirtation ended badly and he reacted with a distrust of his ability to love or win love, a feeling which seemed to deepen as he grew older. He fell back upon power and pride, morbidly sensitive to hurt or the hint of rebuff, he would turn for recognition to society rather than to another woman.

At twenty-two Swift entered the employment and household of Sir William Temple, whom he seemed first to admire and then to envy. It has been suggested that craving a father, Swift demanded more from Sir William than the latter could give, and deeply hurt, he departed, giving ill health as his reason. This illness may have been the first attack of Ménière's disease, which precipitated his lifelong hypochondriacal fears and anxieties about his physical and mental health. He returned in a few months to the Temple household, remaining for five years, during which he made an almost successful attempt to form the family ties

which had been denied him in his early life. The satires written at this time, however, seem to reveal some of the severity of his frustration, again he felt Temple's lack of response as a betrayal.

At twenty seven he became a clergyman and was granted a small prebend. Here his second infatuation occurred, that with Varina, the first of three women, all the daughters of widows, who were to play important parts in his adult life and to whom he gave pseudoclassical names. He wanted to marry Varina, but she hesitated and he left. Later when he again offered marriage, the proposal was couched in such peremptory terms that she could not accept it. His hostility to women then became more overt, and was expressed in obsessional demands for cleanliness in the woman. His fear of women as filthy remained one of the dominant themes of his life. In his attacks on whatever he felt to be dirty and evil his language would become obscene and foul. His writings at this time show the regressive elements in his make up—they abound in skatological jokes and excremental metaphors.

Swift again turned to Sir Temple, remaining with him until the latter's death, when Swift was thirty two. He then threw himself into political activities and produced some of his most bitter and foul writings.

Some two years after Sir William's death, almost the same as the period between his father's death and his abduction, he persuaded Stella and her nurse to come to Ireland. Stella was much younger than Swift and had been a child of eight or nine when he first saw her in the Temple household. This strange triangle continued for twenty seven years with Swift always complaining about the nurse, and keeping her, like a protective guardian, always at hand. It is believed that he never saw Stella alone.

At forty three, soon after his mother's death, the third goddess Vanessa, came on the scene. She fell passionately in love with him—which he found infuriating and distressing. He became cold and withdrawn. When Vanessa died Swift's reaction was to hasten away, traveling and staying among strangers. He climbed out of his despondency by becoming politically active in a noble cause. Two years later he completed his book *Gulliver's Travels*, begun before Vanessa's death.

Gulliver's Travels has a universal appeal based on its closeness to profound and unconscious problems of mankind. Inevitably there are many points of comparison in the lives of both Gulliver and Swift. In the first two voyages there is much concern with relative body size. In Lilliput, Gulliver is a giant in a land of tiny folk. In Brobdingnag he is comparatively tiny in a land of giants. In his third voyage, changes of size and the movements of inanimate objects in a land of geometric fantasy, not subject to reality testing, are striking elements. The land of

the fourth voyage is inhabited by both ideal and foul creatures, and it is their interrelations and their relation to the travels which comprise the climax of the tales.

The general motif of Gulliver's life among the Lilliputians was the problem of disparity in size, causing great impoverishment because of his need for food and the expense of his clothing. It can be related to Swift's own family's extremely impoverished condition at the time of his birth.

Gulliver's mountainous body is awesomely offensive to the Lilliputians. Adventures in Lilliput include a mutual sightseeing expedition in which Gulliver is authorized to look into the Empress's private apartment. In general, Gulliver's role is that of the benevolent, oversized child-god, manipulating, but not destroying the enemy. Certain customs and value scales described place emphasis on morals rather than ability, and a perpetual need to deny the differences between the sexes.

The second voyage, to Brobdingnag, was an exact reversal of the first. Here he is afraid of being trampled or eaten up by children and small animals. A nurse appears in two ways; the revolting adult nurse, and the little girl protective nurse. The juxtaposition, in the text of the recurrent fear of being eaten, with the revolting sight of the nurse suckling the infant, followed by the emergence of a little girl who teaches Gulliver to speak the language, seems significant. He also finds himself in situations of extraordinary mutual exposure with the maids of honor who hold him close and use him for their erotic amusement. There is a suggestion of the reversal of the sexes. During this trip, Gulliver suffers three near-kidnapings by animals. The return voyage, effected by crossing the sea in a box, takes exactly nine months and is strongly suggestive of a rebirth fantasy.

The third voyage led to his discovery of a peculiar, exactly circular island in the sky. This island, Laputa, might be described as the island of abstract fantasy. The fourth voyage was to a desolate land inhabited by both strangely evil and noble creatures. The Yahoos are dirty and hairy, known to hate one another and with a truly appalling greed and lack of discrimination. In contrast, the Houyhnhnms are reasonable, gentle horses, governed entirely by justice and friendliness. Gulliver, forced to recognize his own Yahoo identity, settles down and marries a Yahoo girl; yet in speech, behavior, and attitude, he imitates the noble Houyhnhnms.

Swift, an essentially homeless child, seems to have felt that there was something askew and hidden about the circumstances of his birth. It is most surprising that he made almost no references to his father. From the age of one until his manhood, he was not in contact with any

member of his immediate family. He had little family life of any kind, nor was he ever able to establish this for himself in later years. Before the age of five, there were two mysteries in his life: that of paternity, and of paternity in general attendant upon his having been kidnaped. One may surmise that however devoted the nurse was, she did not fondle and caress him in the way every infant needs, but rather emphasized good behavior and cultivated his intellect. Swift developed precociously both intellectually and in the premature strength of his sense of reality. The man Swift could take care of himself, was unusually keen in perceiving people's foibles and incongruities, but was always body preoccupied. He treated his sexuality as something to be fought against and crushed, but did not suppress other appetites and impulses. He was a sociable man, fond of food and drink, and had an exaggerated pleasure in dirt and excreta as well as a strong reaction against these.

There seems to have been a special relation between his sexual and aggressive drives. The self-realization which was denied him through his failure with women he sought instead from the satisfaction of power and the acclaim of the group. Time and again when wounded by some personal failure of relationship, he would emerge after angry retirement and find himself again through battle for some righteous cause. If he could not be a lover, he could become a hero. But fame is a poor substitute for love, since it tends more and more to feed upon itself and create exaggerated rewards and sensitivities.

Swift had problems of identity and identification. He seemed the center of a family romance. The rumor that Sir William Temple was his father, though disproved, was often repeated in one form or another, and he made no apparent effort to investigate or refute it.

Swift apparently suffered from severe anxiety and diffuse hypochondriasis of the type which usually accompanies a severe castration complex in which pregenital determinants are strong. This hypochondriasis was always intensified when he was confronted by illness in others. Throughout his writings there is a vivid preoccupation with the lower bowel. He was particularly outspoken about filthiness of the female body and in general found body apertures, even the pores of the skin disgusting. This hostility is particularly focused on nurses, both in *Gulliver's Travels* and other writings.

A second theme, rather overabundant in his writings, is confusion between the sexes. The open wish to make boys out of both Stella and Vanessa is elaborated in his various treatises on education. The confusion is further apparent in the description of low hung breasts and nipples which approximate the appearance of the male genitalia. He saw women as essentially emotional and men as reasonable, temperate, and

just His scopophilia and exhibitionism, however, were thoroughly knit into his character

In the *Travels*, active and passive voyeurism is ubiquitous. The first voyage may well express the primary narcissistic omnipotence of the infant. The second voyage expresses the helplessness of a child among giants when he is aware of his size. In general, the exhibitionism is largely expressed in excretory rather than genital or reproductive terms. In the third voyage, the voyeurism is almost wholly active, expressed largely in social terms. The strange configuration of his oedipus complex, his fatherless state, and the fantasies of a temple defiled by the murder of a man many years before, are elaborated. His disillusionment about his mother he repeated later in his attitude toward his church. It appears that the boy Swift, lonely and disappointed, suffered from masturbation worries, and an exposition of masturbation fantasies appears in the third voyage. His early life certainly predisposed him to the development of a stunning bisexuality, and there was a fixation at the anal level with further impairment of genital functioning. It seems likely that some fantasied image of his sister influenced Swift in the selection of the three women who played an important part in his life. The image of the nurse's disgusting breast carried with it fear and a sense of similarity to a pregnant abdomen and an adult phallus. This image was rendered less dangerous by being degraded and fecalized.

Throughout *Gulliver's Travels* there are adventures suggestive of homosexual fantasies and incidents involving confusion of breast and phallus. There is no indication that Swift was an overt fetishist, although he shares much with the personality structure of such individuals. However, his anal fixation was intense and binding, his genital response so impaired, that he did not need a fetish.

He resigned from psychical genitality. In a sense his converting of women of his choice into boys fulfilled a fetishistic need. The *Travels* appear as the acting out of Lemuel's masturbatory fantasies which, like the character of Swift, are closely interwoven with anal preoccupations and ambitions rather than genital ones. The problem of changes in body size, based on phallic functioning, are reflected onto the total body.

Part II Lewis Carroll

1 *The Life of Charles L. Dodgson*—Lewis Carroll (Charles Dodgson) was the oldest boy (and third child) in a brood of ten. His father, who came from a line of Anglican clergymen, later became an Archdeacon. His mother was described as gentle and tender, but strict and demanding. In letters she sent her son 'a million kisses' and kissing was

the only form of physical affection which both the boy and the man is ever known to have permitted himself. Appealing anecdotes persist of the boy's playing with his younger siblings in the garden, and of his communion with small animals. All of the children had some disturbances of speech, Charles had a stammer which bothered him all his life. Nonetheless, he had a keen sense of the dramatic, and from early age wrote and performed plays, was a marionettist and sleight-of-hand artist.

At twelve he was sent away to school where already he showed evidence of an antithesis which was to persist and increase throughout his life—that between mathematics and literary fantasy, between Dodgson, Oxford Don and Lewis Carroll, famous storyteller of grotesque nonsense. The former was a 'shadowy version' of his father, a deacon with a love for mathematics, the latter a continuation of his childhood play. That the elder Dodgson too had a strong 'Carrollian' tinge is evident from stories and letters.

Following three unhappy, though highly successful years at Rugby, he returned home for some time, and then in 1851, at nineteen, became a resident at Christ Church College, where he was to continue in residence for almost forty seven years. His mother died only a few days after his going to Oxford, and although he mentions little of his feelings her death certainly had a profound effect on him. A later poem, 'Stolen Waters,' dealing with a stolen love and betrayal by a "young old" woman, seems to the writer 'a clear statement of the intensity of unresolved oedipal love for the mother. He never loved another woman, and remained devoted only to little girls not yet across the mystic bar of puberty. Closely connected with the love of the boy for his mother is the intense unconsummated love of the man for the little girl, Alice, and of other little girls that followed, a frequent reversal of unresolved oedipal attachment.

Dodgson was always attempting to obliterate or ridicule that which seemed to him ugly in nature, a compulsion which bespeaks loudly the horrors of the jealous conflicts within. The florid cruelty of the scenes in the Alice books, masked and softened by the little heroine, is yet transparent.

His course at Oxford was marked with high honors. In 1856 the pseudonym of Lewis Carroll was born, derived in part from a rearrangement of his last two names, and possibly from the names of his sisters, Caroline and Louisa. The question of identity and of changing identity were present in many of his writings, and he later made strong efforts to keep the identities of Dodgson and Carroll separated.

He became absorbed in photography, and was one of the outstanding photographers of his time. This was combined at first with his fas-

cination for anatomy and physiology, the latter interests having been precipitated by his seeing a man in an epileptic fit. Later his little girls became his most photographed subjects, either in costumes or in the nude. To them also he first related his stories. *Alice's Adventures in Wonderland* was first told to Alice and written as a Christmas present for her. In this as in later writings, there is strong evidence of his turning frightening and horrifying events into the humor of fiction and fantasy. The popular legend that Carroll was a great mathematician seems to have been sadly untrue, due, it seems, to inhibition.

The last ten years of his life were considerably slowed down, and inexplicably, Dodgson "expelled Carroll" from Oxford, even refusing mail addressed to Lewis Carroll at Oxford. He died at the age of sixty-six, in 1898.

2 *The Character of Dodgson as Revealed in the Writings of Carroll*—In appearance Dodgson was slight and effeminate. Regarded as an eccentric, like the White Knight, he was also an inventor of puzzles, riddles, games and mnemonic devices. There was a tinge of the crank inventor in his attitudes. During adult life he apparently suffered from an intractable insomnia and many of his inventions seem to have developed during his sleepless hours.

From an early age, he was interested in Time, and seems to have been always in some kind of a battle with it. He was a compulsive publisher of his ideas, a compulsive indexer, a faithful diarist, and a collector of music boxes and fountain pens. He had a strong sensitivity to fits and convulsions, a preoccupation with cords and knots, and a frank dislike for boys and babies. In later years he is reported to have become increasingly vain, secretive and suspicious.

Two other preoccupations were most conspicuous in both his life and writings: his special attitudes to eating and breathing, and his relationship to animals, especially cats. The question of eating or being eaten appears frequently, even in his earliest poetry dealing with hostility between siblings. One ends with "Don't stew your sister." C. L. Dodgson considered whether air was healthy or morbid with the same intensity he gave to food and drink.

The main themes in Carroll's writings are studied in the two Alice books. *The Hunting of the Snark*, *Sylvie and Bruno*, and his poetry. In *Alice in Wonderland*, the little heroine goes through a series of bodily changes almost always induced by eating or drinking. There is a panorama of grotesque caricature expressed in the general mixture and fusion of identities of animals, insects and strange humans. Through all is a cruelty so extreme as to be ridiculous. In both Alice books, however, the

plot of the penetration into the hidden or secret garden, and the difficulties encountered there, is in essence the most universal plot of mankind, the garden of Eden, and a return to the age of innocence.

The Hunting of the Snark, a heroic nonsense poem describes the search for a fabulous monster, undertaken by a confused and confusing crew of ten, each of whom has a regular occupation beginning with B. All represent facets of the writer, who in fact signed earlier poems with the letters B B, but they also represent the closeness of the siblings and their mutual identifications.

Sylvie and Bruno—sister and brother—is a potpourri of sadomasochistic expiation, and shows the horror Carroll felt of all sexuality, including marriage. The pairing of the characters in this work is conspicuous: it appears really as the splitting of each character into two. This story shows also that the search is for a love which will avoid or control all hostility and all sexuality. We see that it is Sylvie, the older sister (and mother) who is the feminizing and emasculating influence in the boy's life, gradually replacing vigorous emotion with remote idealism. It is probable that the conquest of his rivalry and envy of the whole brood of sisters by identification furthered this character trait.

Reconstruction and Interpretation—Until puberty, Charles Dodgson's world was limited to his own family. It was indeed a "garden society" under the loving tutelage of the parents. Yet with eleven children arriving in eighteen years, there could hardly have been enough time for full maternal devotion for each. It is not surprising that Lewis Carroll never had a good word to say for babies.

In the Alice books, the outstanding features of primary process thinking, with no order of time or space, animism, and cannibalism belong, genetically speaking, to the age of fifteen to thirty months. The remarkable ability to reproduce the spirit of this preverbal era can conceivably arise only from special exigencies in Dodgson's own life in this early period such that it remained unusually alive and vital to him. His writings generally reveal a voyeuristic theme: the penalty for which (in the *Snark*) is disappearance. Aside from photography and writing, however, his scopophilia showed itself only in negative form. He was "the shyest of men." Until five, he was the only boy in the midst of four sisters. A primitive visual-oral identification with his sisters was combined with an identification with the mother by reversal of roles. Buried with such identification problems, the phallic sensations of the oedipal phase become, not an invigorating experience, but one of fear and bewilderment.

Alice's adventures are replete with descriptions of bizarre unassimilated body feelings which reproduce the phallic form and changes. A

further concern with body size may well relate to repeated observations of his mother's pregnancies. These are treated by denial in his early drawings.

Carroll's writings contain no strong active male figure, but, by contrast, many belligerent noisy females. His early infantile fixations prevented the development of a full oedipal relationship, and the mother remained viewed ambivalently, with the father always a peripheral figure. It is noteworthy that there is an absence of the usual castration threats in his writings. Punishment, always by the woman, is of vanishing or decapitation.

Patients whose early development follows the lines described frequently develop a rich fantasy life during latency, which by their character (animistic, anthropomorphic, and bisexual) reveals the child's preoccupation with the early problems. Furthermore, when body identity has been undermined, and there has been intense denial or repression of aggression, fears of annihilation result from the resurgence of these feelings so that they must be defended against at all cost.

There were also other influences which played their part in frightening the young Charles and deepening his aversion to adult sexuality. By reconstruction from a number of writings, Greenacre uncovers an experience of the young boy being started at the sight of an older man (probably a gardener) in a state of sexual excitement. Further examinations of the writings about the mysterious frightening creatures, and their relation to Carroll's arresting neologisms and portmanteau words are used to reconstruct both primal scene and birth fantasies. The whole picture is that of an awful fascination with and terror of the sexual life of adults.

Part III Certain Comparisons between Swift and Carroll

The latency period seemingly had a great significance for the development of both men. Both showed attachments to little girls of eight or nine, the age of nonsexual pressures. Swift was unable to shield himself completely from his sexuality, in contrast to Carroll, who seemed never to have had any passionate attachment to a grown woman.

Both shared certain defenses, especially compulsiveness and rigidity of self-regulation, but whereas Swift's compulsions related mainly to dirt and aggressivity, Carroll's were more complex and constituted against more primitive oral-cannibalistic aggressions. Neither is known to have had any overt perversion, although both sacrificed mature genital gratification in their emotional struggles. Swift almost achieved genitality, essentially his conflicts were on a neurotic level. Carroll's defenses, however, controlled a disturbance so primitive as to be closer to the psychotic.

Part IV Notes on Nonsense

Satire parody caricature and nonsense all appear in different combinations in the works of Swift and Carroll. The first three are all thinly veiled attacks by ridicule. In parodies especially is the ambivalence of the comic most evident—a combination of respect and derogation so characteristic of jealousy and envy. Caricature the more graphic equivalent often distorts body form and size to represent its criticism. It is similar to the dream process in its use of primary process although its use requires a considerable degree of ego control. Most comic phenomena seem bound up with past ego conflicts and anxieties. This constitutes a kind of counterphobic attitude.

The effect of sheer nonsense contains other elements. Here is defiance of the reason which men value most. There is a quality of explosive destructiveness (generally quiet) in nonsense never actually achieved.

Swift's satires frequently depend upon the use of caricatural physical distortion. In Carroll's writings the appealing nonsense is also embellished with a profusion of body distortions as well as nonsensical songs and rhymes. Despite the overt sadism the parody is usually hidden—a teasing rather than a direct attack. Projective drawing tests have revealed the extent to which the body tensions are expressed in drawing and writing. In Swift's works many of his anally fixated body tensions are revealed in both superego and id-drive manifestations. As such his satirizing played a dual function and possibly helped restore his delicate balance. Carroll's writings reveal less the body tensions although the distortions are more grotesque and extreme. Nonetheless his nonsense despite isolation and denial contained his innermost terrifying secrets. The words themselves became the focus through condensation of his polymorph perverse drives. However this became possible only after he gave up genitality and identified himself with a little girl.

A further significance of nonsense is its representation of the denied aggression—the violent rage which endangers reason and even consciousness. In body terms it endangers the head itself. This danger is in turn reinforced by the addiction to daydreaming in those fearful of their muscular and verbal aggression.

Swift too used nonsense—an outpouring of the comic spirit recognizing no taboos and making a joke of everything. In a real sense this comic spirit is orgasmic—a kind of pleasurable annihilation of the whole world. In Swift's own words his nonsense was about nothing by some called the ghost of wit—delighting to walk after the death of the body.

Oscar Sachs M.D.

PSYCHOANALYSIS: PRACTICAL AND RESEARCH ASPECTS

by

WILLI HOFFER (132)

This book is a collection of five lectures delivered by the author as the twelfth in the series of the Abraham Flexner Lectures at the Vanderbilt University School of Medicine.

Principles of Training in Psychoanalysis

The author mentions the fact that there are twice as many psychiatrists in psychoanalytic training in the United States as the total membership of the American Psychoanalytic Association. The change from the past in Europe is remarkable. The author was taught psychiatry in lectures, three times weekly, for two semesters. Case presentations, which bewildered the student, led primarily to diagnosis and administrative decision, since so little of a therapeutic nature could be offered. Only in Vienna, Berlin, and Budapest were there psychoanalytic training institutes.

The use of the psychoanalytic method required a training analysis. At present, in addition to this requirement, case supervisions are also considered essential. The training or personal analysis aids in the student's understanding of the meaning of his own mental manifestations and behavior. In his own analysis the young psychiatrist learns to employ free association and sees that it comes to a standstill when unconscious resistances intervene. The aim in therapy is to understand these forces and to interpret them. This insight leads to a greater tolerance of the repressed strivings. The unconscious resistances have functioned to counteract man's most precious faculty—the use of his reason; their purpose is protection against the return of painful affects.

The psychiatrist also experiences the meaning of the transference, that is, how the past manifests itself in the present.

The student's analysis and continued self-analysis enables him to listen with free-floating attention, to accept the patients' symptoms and see in them the signposts of the basic pathology.

Internal Conflict and Anxiety

Psychoanalytic theory stresses the dynamic and conflictual aspects of human behavior. Symptoms arise, not just from conflict, but from un-

conscious conflict This implies structural conflicts for example between ego and id or ego and superego The conflicts have their origin in childhood and are generally reactivated in the present Nonanalytic therapy deals with conflict by the therapist's acting as mediator between the forces offering a compromise solution Psychoanalytic therapy aims at making conscious these forces so that they come under the control of the patient The case of a twenty-two-year-old girl is illustrative Her major complaint was an inability to decide which of two eligible but different suitors to marry Rather than focusing on or advising about actual decisions it is necessary to find the cause for the indecision Looking deeper into the patient's history will show that the precondition for her present state was laid down early By helping her to locate the origins of the conflict one can enable her to gain control over and integrate contradictory desires of which she had lost awareness

The motive for an illness is the ego's awareness of the danger of internal stimulations perceived as an anxiety signal The child is confronted with three sources of danger (1) real danger from without (which does not concern us here) (2) external dangers from the persons on whom the child depends—the loss of the mother's love the fear of punishment and bodily injury or mutilation and the fear of being hated instead of loved and (3) internalized dangers from the strength of drives from loneliness and from the pangs of conscience

The defense mechanisms are aimed at preventing the upsurge of these painful situations but end in social and sexual frustration These secondary manifestations are the ones of which the patient is aware The therapeutic aim is to give the patient insight into these problems and thus permit him to achieve a more satisfactory solution to his conflicts particularly under the impact of the transference neurosis

Some Aspects of the Psychoanalytic Investigation of Childhood

Child psychiatry has become a subspecialty of psychiatry with its own investigative method play technique Experience in child psychiatry has a beneficial effect on the training for general psychiatry often forcing the trainee to face his own rigidity and prejudices The psychiatric treatment of children often requires close cooperation between various medical specialists

An example of separation anxiety in a two-and-a-half-year-old girl who was hospitalized for repair of an umbilical hernia illustrates this fact A movie film record was taken of the little patient during the experience and showed her to be frequently terrified The struggle of the

patient against this anxiety is dramatically presented in the film (James Robertson).

Psychiatrists and pediatricians can cooperate in the understanding of the meaning of bodily illness to a child. The mother's attitude toward illness is an important determinant of the child's. The additional attention involved in nursing and the relaxation of feeding and toilet training can have many disturbing and bewildering meanings to the child. These indulgences can be pleasurable or arouse anxiety. Other burdens of being ill, for example, the restriction of movement, have marked effects on the handling of aggression. Being given medication can lead to feelings of being poisoned. The expectation of surgical intervention leads to fantasies which can be understood and assessed in terms of their interaction with earlier experiences of punishment.

Further studies are required to determine the best method for preparing a child for these traumas. Another problem which deserves further study is the characterological changes which occur in a child as a result of being ill. There are children who become withdrawn while others become more demanding. Some children become suspicious of their mother, feeling that their illness is her fault. Others treat the ill part of their body as if it were a child and they the mother. In this way they resemble the adult hypochondriac.

Ego Reactions in Cerebral Disease: A Case Report

The analytic study of a case of postencephalitic Parkinsonism is presented. The focus is on the vicissitudes of aggression. Jelliffe has suggested that these patients deny the feeling of motor restriction which is such an outstanding symptom of the disease. In addition, they sexualize their illness by the development of perverse fantasies. Kubie has enumerated the three sources of personality change accompanying this disease. They may be due to (1) localized brain lesions, (2) the effect of such lesions on the personality, and (3) a regressive adaptation. Obsessive-compulsive symptoms have been found to be prominent in these patients, often accompanying the oculogyric crises in particular. These observations support the thesis that the disease is followed by an increase in destructive drives.

The twenty-eight-year-old female patient presented here was in analysis for ten months. For five years she had been subject to compulsive smoking every fourth or fifth day. The episode was accompanied by a delirious state of a hysterical depressive nature. The onset of the bizarre symptom was in her twenty-third year in the sixth month of her marriage, and on the day of the death of her father-in-law. On visiting the

bereaved relatives she became obsessed with the thought that after smoking one of her infrequent cigarettes just before leaving home she might have neglected to extinguish it adequately and it might have set the house afire. She had to return home where she became excited and tearful and spoke of her mother's having died. The next day she was rational and ashamed of her behavior but four days later a similar episode occurred.

Her personal history revealed an illness in 1918 which must have been the attack of epidemic encephalitis. Her relationship to her mother-in-law was one of the few facts which suggested her later illness. She was afraid of her even before she knew her. The mother-in-law was very much opposed to smoking.

In her analytic therapy she attempted to enlist the aid of the therapist in a crusade against her smoking. This goal was not acceptable and she was told that the discovery of the cause of her problem would be more useful than its forcible suppression.

She recalled her first official cigarette on her honeymoon and at the same time admitted her disappointment and frigidity in her first sexual relationship. Her symptom expanded to a fear of fires and a fear that her mother-in-law would call her suddenly to her house and she would not know what underclothes to wear. The thought in her confusional states that her mother was dead had already suggested that smoking was considered an aggressive act against her mother. On one occasion in the delirious state the patient reiterated that she must see a cigarette-end doctor with a black beard. This led to a childhood scene involving her bearded grandfather whose pipe she had smoked while sitting on his lap. There were other memories of seeing him use a commode. She also recalled helping make cigarettes for soldiers. Toward the end of treatment she would complain during the hysterical attacks that her mother before she died must give her a big cigarette not a small one not only an end.

The patient's treatment stopped when she developed the characteristic signs and symptoms of Parkinsonism. It was felt that the brain lesion had provoked a change in the relations of inhibitory and release phenomena and a consequent adaptive change in the personality. The potential ego impoverishment as a result of her illness had been denied and overcompensated by a revival of aggressive and masculine activity.

Some Problems of Ego Psychology

Early in his studies Freud focused on the drive forces which mold character. In this way such diverse phenomena as sexual perversion,

childhood behavior, and neurotic symptoms could be related in a unified theory. Later he investigated the defense mechanisms, which led to an increase in the importance of the ego. In the development of the infant, the realization of the sense of "self" as a constant is of the utmost importance. This begins in the infant's being able to find his mouth with his fingers and permits the sucking of the fingers. In this act, involving voluntary motor control, there results both oral and tactile gratifications and it is a major lesson in self-discovery. A number of ego functions are prerequisite for this action; genuine perceptual activity, adequate motor control, the function of memory, and even some reality testing. The motivation for the further development of these ego functions is the pursuit of pleasure and the avoidance of pain. There are cases where the pathology is so great that the "pain barrier" does not perform its function of defending against self-mutilation. An example of an illegitimate child born of a manic-depressive mother is given. This child, as a result of traumatic separation experiences and fears of her mother's moods, would bite herself to the point of severe self-injury. Observations such as this support the thesis that vehement aggressive strivings exist in the child during his early years. Factors operating between the self and object to promote a self-love counteract the self-hate and fear of loneliness which can end in self-destructiveness. In temper tantrums we see that self-love and object love can cease to operate and the ego organization can be flooded with freed aggression.

Following the history of normal object relations, we see the object first valued as a means of reducing tension; the object is termed a "need-satisfying object," and if it does not serve this function, another, better object is substituted. When the strength of the drives is reduced and the control of the ego increased, nonsatisfying or absent objects can retain their value for the child. For example, as early as the fourth month, the personal attachment to the object develops and it is then possible to vary the form of satisfaction, provided the object remains the same. The child then experiences anxiety when separated from the object. However, this object constancy is vulnerable to regression on prolonged absence. During the development of object constancy, there is frequent confusion between the self and object. For example, a little twenty-one-month-old girl would suck her thumb before falling asleep. She would vary this by sucking the fingers of the nurse or by trying to put her hand in the nurse's mouth.

The interplay between self and object is the central paradox of emotional development. This can be summarized as follows: the child needs the mother's love in order to be able to love himself, in order to

be able to do without her love If this is successfully accomplished he should be able to love another person as he was loved by his mother

Walter A Stewart MD

SCHOOLS OF PSYCHOANALYTIC THOUGHT

by

RUTH L. MUNROE (197)

This book is a comparative exposition critique and attempt at integration of the various analytic schools After presenting each view point objectively the author interpolates critical comments of her own which are clearly demarcated from the expository text and which pave the way for her own integration

Part I An Overview

1 An Approach to Psychoanalytic Thought—The comparison of the schools is facilitated by a presentation according to the general topics of The Terms of the Organism The Terms of the Milieu The Genetic Process The Dynamics of the Functioning Personality and Pathology and Treatment One must distinguish between requirements of the person that proceed from his being a human animal and those which proceed primarily from his learned social experience (milieu) The word terms denotes the direct conditions and limits set by the organism in contrast to words which connote a set of specific inborn traits for human nature The essence of the heredity-environment problem is the dynamic interaction between the organism and its milieu from the moment of its existence

The basis for the major grouping of the analytic schools is the dominance ascribed to sexual (libido theory) as against social factors in determining the growth process and personality development Freudian analysts include those who emphasize the specific influence of the sexual drive and the instinct of aggression Under the nonlibido schools (e.g. Adler Horney Fromm and Sullivan) are those who emphasize the self as the primary factor in psychodynamics in contrast to the instinctual drives and their consolidation into structures (id-ego-superego) Jung and Rank are treated separately since they do not readily fit the libido-non libido dichotomy

2 *Basic Concepts of Psychoanalysis*—The general premises accepted by all the analytic schools are summarized. The first is psychological determinism. Human behavior is not accidental, but is determined by trends within the individual which contribute to a meaningful continuity of events in his life. Psychological symptoms are not arbitrary, but are reducible to specific meanings and reveal the specific psychic stresses of the individual. The second basic concept is the role of the unconscious, which acts 'like a mind' in contributing to the structure of behavior in a directed manner. The third concept is that of motivation or dynamics. This deals with the 'goal-directed' quality of behavior as a matter of necessary and feasible inquiry. The fourth concept is the genetic approach. The basic substratum of adult psychological patterns is childhood experience, which is the most crucial time in the longitudinal history of the individual. There is thus postulated a dynamic origin for psychic attributes previously considered as faculties prefigured in the human species.

In order to understand unconscious processes, all analysts use free association, resistance analysis, dreams, and the life patterns of their patients. Among other avenues of information are projective tests, hypnosis, bodily reactions, gestures and mannerisms.

Part II Freud and the Freudians

3 *Terms of the Organism*.—For Freud, the emphasis here is upon instincts (or, better, instinctual drives) which have their sources in states of excitation within the body. Their aim is the reduction of such excitation, an aim which is usually attained through an external object. The object is usually determined by the experience of the individual and may be shifted or replaced.

Freud at first suggested two groupings which acted in opposition: the sexual instincts and the ego instincts (which operated under the reality principle). The basic idea of an unconscious conflict resulting in compromise behavior was one of his most profound contributions. Later he broadened his concept of the sexual instincts (Eros) to include much that he had originally considered a function of the ego instincts (reality principle and self-preservation). To this expanded concept he then opposed a death instinct (Thanatos), essentially repetitive and regressive—back to the inanimate state from which life springs. Many Freudians have rejected the death instinct as a metaphysical speculation but accept the concept of an instinct of aggression as independent of the sexual drives. There is no special term like libido for the energy of the death motivation.

Libido is the term applied to the energies proceeding from the sexual instinctual drives. The somatic source of the instinct of aggression is not clear. The sexual instincts are divided into several components: oral, anal, urethral, etc., which normally are finally organized under the primacy of the genital zone. The orifices of the body equipped with mucous membranes and to a large extent involving the action of unstriated muscles are called the erogenous zones and seem to supply the major sources of excitation. Reduction of tension (gratification satisfaction) in these organ systems is experienced as pleasure. Until he introduced his concept of the death instinct or aggression, Freud emphasized the concept of a pleasure principle governing the sexual instincts in contrast to the reality principle developed by the ego instincts. The phenomena of masochism and sadism and the repetition compulsion were difficult to explain in terms of the pleasure principle, and Freud revised the concept in *Beyond the Pleasure Principle*. Although it is still considered important, the pleasure principle does not play the simple determining role at first ascribed to it.

Normally there occurs a fusion of the death instinct and Eros—the aggressions develop in close relationship to experiences of libidinal gratification with a consequent increasing tenderness to the love object. Such fusion may fail to occur or in later life defusion may occur resulting in aggression directed outwardly or against the self. Some portion of self-destruction remains permanently within until it ends in death, not perhaps until libido has been exhausted or fixated in some disadvantageous way.

Freud's instinct theory is cross-cut by four other approaches to the understanding of personality: (1) the genetic approach, which considers the actual experience of the child mainly as regards the fate of the component instincts, aggression and the development of genitality in his early years; (2) the topographical approach, which considers the role of consciousness, distinguishing between the foreconscious (that which may easily become conscious but is not attended to at the moment) and the unconscious (that which is actively repressed or instinctual drives which have never become conscious); (3) the structural approach, to be summarized below; (4) the economic approach, which considers the quantitative distribution of energies as tied up in the various suborganizations of the personality usually in intimate relationship to the demands made by the current situation.

The structural approach (anatomy of the mental personality) comprises three institutions or agencies of the mind which become crystallized in the course of experience and thereafter function with some degree of autonomy though they are constantly interactive—these are the id, ego,

and superego. The id is the vital substratum of the reservoir of instinctual needs and biologically determined impulses; the ego is the adaptive mechanism more or less oriented toward reality; the superego is conscience. The id is always unconscious, the ego and superego largely conscious, but by no means exclusively so. The ego (as an "institution") is the precipitate of the learning process of the individual in his encounter with people and things. It has no intrinsic dynamic power, deriving its energies from the id. However, it is the major integrative institution of the personality. The superego derives from the long period of infantile helplessness. At the onset, the child conforms to parental dictates because of "objective anxiety," i.e., the conditioned fear of the consequences of his actions. Later, especially in the oedipal period, the child identifies with the parents. Their commands and images become "introjected" into the child's psyche. Once formed, the superego tends to operate with all the force of parental dictates as the child understood them at the period of major introjection, functioning directly with the energies of the "id."

In recent years, study of the ego as distinct from the instincts has led, for some analysts, to repudiation of Freud's views of instincts. Theories constructed on the basis of repudiation are presented in Part III. However, many Freudians have concentrated on study of the ego and have integrated ego psychology with the older view of instinctual drives. These studies have taken two general directions, both of which have their origin in Freud's writing. One carries on the concept of the mechanisms of defense (e.g., Anna Freud), the other direction has to do with clarification of the secondary process which may be considered conflict-free in essence, although intimately connected with instincts in the course of living. The leader in this direction is Heinz Hartmann, along with Kris, Loewenstein, and Rapaport.

In *The Problem of Anxiety* (1926) Freud first developed the idea which has since become standard, that anxiety is not, as he had first supposed, the result of repression, but is actually its cause. Although originally an inborn response to *present* danger, it comes, in the course of development, to function as a signal of *potential* danger which the ego then tries to avoid. Repression is only one of the means of defense against anxiety. Anna Freud pointed out that the ego as well as the id have their archaic forms which are mainly unconscious and are involved in the transformation of drives operating in the personality. The instinctual drives are subject to observation only via their representation in the ego, and these are always organized in terms of the mechanisms of defense established by the ego.

Behavior cannot be categorized as instinctual or defensive on the

phenomenological level, but needs to be understood in its origin and current significance, e.g., aggressive behavior may be a manifestation of the aggressive instinct, but it may also be an ego-defensive device, e.g., as in 'identifying with the aggressor'

With regard to the second aspect of contemporary ego psychology, the careful examination of the primary and secondary processes Hartmann urges that the initial matrix of psychic development be envisaged as not simply the id but the whole gamut of bodily structures which include the apparatuses of the ego (such as sensorism, mobility, memory, imagination, etc., by which the ego performs its functions). These have a primary autonomy, functioning in their own right and in virtually conflict-free fashion, subjectively experienced as a pleasure in its own right. To some extent these autonomous functions develop integrations of their own. But they also become involved in the infant's handling of other aspects of his organismic needs. When the infant first anticipates breast or bottle and develops a hallucinatory image of it, a new aspect of ego development has set in. The cry becomes a preliminary to relief, rather than purely an expression of distress, and we may say that the sensorimotor apparatus has begun to be drive-connected (cathexed).

From this point on, the ego apparatuses become closely involved with the drives, although they retain a certain autonomy peculiar to themselves. In this manner, patterns of behavior typically develop which have what Hartmann calls a secondary autonomy. The fragmentary, primitive connections of the ego apparatuses with the drive states become organized as complex integrated reaction patterns organized in various ways: e.g., the infant walks not only for fun but also for the increment of adult love that his new accomplishment evokes. He masters eating tidily and bowel control, not only by virtue of his greater capacity for coordination but in order to avoid the pain of parental disfavor.

Thus, the habit of cleanliness, with a fear of a break in control, develops a secondary autonomy extending far beyond the nursery. Such organizational units constantly arise in the course of development and tend to function autonomously. A drive state arising from inner tensions as in the spontaneous development of the sexual drives, may trigger a complex ego organization in much the same way as an external stimulus. Patterns built up against instinctual drives tend toward secondary autonomous elaboration just as do those which are directly drive-connected. Hartmann writes: 'Differentiation progresses not only through the mastery of new demands and tasks by creating new apparatuses but mainly by the latter taking over, on a higher level, functions which were originally carried out at a lower level.' A function of the ego which requires special consideration is its 'synthetic' function. The ego is not

merely a passive resultant of forces, but is a specific organ of equilibrium at the disposal of the person which results in the sense of "being a person" with specific experiences, and a sense of unique continuity in time, space, and causality. In her critical comment the author accepts Freud's theory of instincts, with some reservations about the unitary character of the instinct of aggression.

4. *The Terms of the Milieu*.—Freud was, paradoxically, the first major psychologist to give the "culturists" a valid tool with which to work. Freud's instinct theory posits quite vague biologically determined aims which take their concrete form from the actual experience of the individual. Next to an absolute *tabula rasa* concept of the human organism, which few observers have found tenable, this formulation allows for the widest amount of change in human behavior as a consequence of change in social institutions. In this context, the formation of attitudes in childhood is of primary importance as opposed to the concept of later imposition of social forms.

Freud's demonstration of the significance of the very early period of life in the development of basic expectations fitted in excellently with the trend toward "functionalism" in the social sciences. This blended too with the effort to see cultures as coherent, relatively idiosyncratic patterns rather than as stages on the way from savagery to civilization, or as illustrations of the march of economic determinism or race characteristics.

A second basic contribution of Freud to the development of the social sciences far beyond his own application of the concept to group psychology has been the emphasis on the importance of unconscious, irrational factors in group behavior.

Before taking up Freud's ideas on group psychology, the author examines the ideas of Abram Kardiner, who has fully accepted the two aspects of the Freudian contribution here presented as basic (the significance of infantile experience and of the irrational unconscious), but who has not followed the implications of the libido theory as a necessary sequence to be considered as providing the focal aspects of behavior. Kardiner constantly uses the irrational unconscious (he calls it emotionally polarized thinking) to show how infantile experience is related to the institutions of a given society. Action systems arise in various ways in all cultures. Some, which Kardiner calls the projective systems, are derived from the most profound inner experiences of the maturing organism, although they become generalized, systematized, and rationalized in the course of life. Projective systems involve the deepest expectations of the individual, his fears and longings, his mode of finding security (unconscious), his conscience and ideals.

An important feature of Kardiner's early work is his observation that where children are quite regularly cared for in a specified manner by a given culture all or most of them are likely to develop a similar basic personality. For example where the child is regularly asked to renounce its pleasure strivings early in obedience to a higher power (the parent) a sense of sin with belief in the possibility of atonement and redemption by a savior is readily understandable. This pattern of child rearing is by no means unique to our society but it is not universal. With more permissiveness toward infantile pleasure strivings and a more diffuse method of inducting the child into social restrictions the idea of evangelical Christianity becomes thoroughly incomprehensible to the adult—as many missionaries have discovered.

By its institutions however society provides sufficient community of significant emotional experience to insure that the basic attitudes of the members of a given culture are similar enough for a common psychological orientation. In his first book on this subject *The Individual and His Society* Kardiner distinguished primary institutions organized around the basic needs of man (family organization ingroup formation basic disciplines care and training of children sexual taboos subsistence techniques etc) from secondary institutions such as taboo systems religion rituals folk tales and techniques of thinking. The secondary institutions Kardiner thought of as derived from the primary and as more subject to change—except for the subsistence techniques which he recognized as basic but readily influenced by changed external conditions.

In his second book *The Psychological Frontiers of Society* Kardiner noted some confusions resulting in practice from this distinction and analyzed the difficulty. He then suggested a grouping of systems which crosscuts institutions and significantly extends the customary psychoanalytic groupings—i.e. it includes aspects of growth beyond those determined by libidinal development. The first category is that of the projective systems described above. The hierarchy continues with learned systems taught by the culture, taboo systems (which may be taught and persist as reality apparently with no precise relationship to basic personality), pure empirical reality systems subject to demonstration and finally value systems and ideologies (which cut across all the previous systems). Although he does not think of society as an organism comparable to a living individual, Kardiner does find the concept of social homeostasis a useful one. No science of institutions can succeed unless it considers the psychological meaning of the institution to the people who make it and how change will affect their deep feelings and habits and other apparently independent institutions. No psychological science can be successfully applied to the problems of social living unless the

relationship of the individual to the special institutions of his group is carefully examined

A more direct contribution of Freud's to the study and significance of the milieu is his ideas on group psychology. It appeared to Freud that the emotional relationship to the leader is the quintessence of all group formation and behavior. The need for a leader and the quality of the relationship to the leader are for Freud the consequence of the infantile experience with the parent, which inevitably molds the child's attitude toward other persons. A group is constituted by its members' adoption of the same object ideal (leader). The power of the leader is magnified, like the power of the parent, and, above all, the follower identifies with the leader (parental) image. The irrationality and complexity of group behavior can thus be interpreted along the same lines as the attitude toward the parent in individual behavior. Under group conditions, the group ideal of leader may be substituted for the individual superego, thus permitting acts of heroism and cruelty impossible for the individual alone.

The sibling problem, too, is handled by the process of identification. Instead of killing his brother, the individual cherishes his brother 'as himself'. Freud describes a primary group as 'a number of individuals who have substituted one and the same object for their ego-ideal [later called superego] and have consequently identified themselves with one another in their ego'.

Freud himself proposed another supplementary line of origin: phylogenetic memories of human prehistory. Developments in anthropology and in genetics have made this aspect of his theory seem untenable to most scientists including Freudians. According to this view, man originally lived in small hordes dominated by a single male, originally the biological father, although other individuals might enter the group by conquest or by chance. The father possessed all the females and jealously guarded his rights against his own sons. He was deposed only by the son who overcame him in combat and who became 'father' in his turn. The father's group of women was made for all of the sons, wives being sought outside the clan—the beginning of the virtually universal incest taboo and exogamy.

Although he rejects phylogenetic memories as determinants, Róheim follows Freud in other respects, emphasizing the oedipus complex. Resting his case on the actual experience of the child, he points out that by Malinowski's own account the father does play a role in the very early years of Trobriand infancy quite similar to the one he plays in our own society and that one may see the father figure behind the myths and taboos which apparently concern the uncle exclusively. Róheim believes

that the uncle in matrilineal groups (which he himself has studied carefully) can be shown in dreams myths and other materials to be a combination of mother and father—a man endowed with a vagina. The social institution arises from and constantly re-creates special attitudes toward the parents. Róheim indicates how the phallic mother remains dominant in these societies. He points out how she becomes the witch who is either symbolically received or rejected in later ceremony especially bridal rites and how the primitive infantile evaluation of coitus is repeated in these ceremonies.

The essential feature of Freud's position is the developmental nature within the individual of group instincts. However profound and universally operative they may appear. There are no inborn trends toward gregariousness leading and following imitating or any of the long roster of traits frequently considered native to man as a social animal. Freud's position is the observable trends grow out of the experience of the helpless infant with specific biological needs as he necessarily encounters the ministrations and frustrations of parents and a little later but still prior to a sophisticated appreciation of external reality the rivalry of siblings.

Socially oriented feelings are built in infancy and the individual is prepared to expect almost complete support and gratification from the outside world which awakens attitudes toward the father leader. Loving magnification of his power is accompanied by fear and hatred rebellion and rivalry as with the primal father. Overt action against the leader lowers the pressure of the instinctual need which prompted it—and by this very fact automatically increases the relative strength of other aspects of libidinal ties. Thus the murder of the father does not bring only a welcome relief from his tyranny. The relief itself allows concomitant feelings of love to gain the ascendancy along with feelings of severe deprivation of the father's powerful support.

The irrational submission to increasingly tyrannical leaders and the acceptance of hardships even beyond those that originally provoked the revolt have still another dynamic source according to Freud's view. Frustration of libidinal needs naturally arouses aggression. But in large part such aggression is internalized as part of the superego. But the superego is immediately aware of aggressive impulses whether or not they come to action or even to consciousness. Thus every undischarged aggression tends to be experienced in the overly conscientious person as guilt as meriting the just retribution of the all powerful external authority which has now become part of the self. Such retribution is often directed against the self regardless of immediate external circumstances. Freud further asks: Who becomes a leader and why and what is the

great man? In *Moses and Monotheism* he points out that the definition can only be partly objective. To be sure, the great man must have superior capacities but his greatness resides mainly in the fact that he can formulate with especial clarity and cogency the trends which are already present in the group. The members of a group determine (largely unconsciously) who can be accepted as leader in the full sense of substitution for the inner ego ideal. Having made this full acceptance, however, the members are innerly committed to the precepts of the leader-dominated conscience well beyond the specific emotional needs which led to its adoption. The acceptable leader cannot go too far afield in his initial doctrine, and, in the course of time, his doctrine is revamped to accord with deeper emotional needs.

5 *The Genetic Process*—This is one of the most important aspects of Freudian theory, particularly in differentiating the Freudian from other psychoanalytic schools. Variations in adult behavior become understandable in terms of variations in the type of infantile problems still urgent for the personality, and how they were handled in the past.

Three concepts are basic to the understanding of the genetic process in relation to later dynamics: stages of infantile development, fixation, and regression. By virtue of his biological equipment, the child goes through a fairly regular progression which depends on the coming into prominence of various organ systems. The psychological aspects of the very earliest stages—birth and primary narcissism—are relatively generalized. The mouth, the excretory organs, and the genital organs successively appear to become the foci of more specific distributions of psychic energy, that is, of the libido. These stages may be roughly assigned to age levels much as sitting, creeping, and walking may be expected with some regularity at a given age.

At each stage the personality attains a considerable degree of organization so that contributing elements are not freely movable independently. The various stages of development naturally show a great deal of overlapping and interaction with one another and no phase is ever entirely given up. The tendency of the person to cling to one stage of development is called fixation. The process of return under adverse circumstances to the point of fixation is called regression.

Early infancy The human infant is born without a clear perception of the outer world and of the boundaries of his own self. The main danger he experiences is the flooding of his immature nervous system by stimuli which he cannot master. The birth trauma may be considered as the prototype (in a physiological sense) of later anxiety states. The presence of the mother becomes the infant's main guarantee against such

early anxiety states. Thus fear of loss of love (separation anxiety) plays a cardinal role in infancy and in certain types of severely regressive pathology in later life.

The concepts of omnipotence and magical thinking are necessary consequences of the infant's lack of knowledge about the external world in its own right or as different from the internal world. Ferenczi especially stressed the developmental importance of the stage during which according to the child events occur because of his cry (later his hallucinatory image of the breast) his word or even his wish without the mediation of objective activity in a real world (infantile omnipotence). Magical thinking so often observed in the young child and in primitive peoples as well as in the insane—and in much normal thinking—thus has its roots in the earliest phases of actual experience. Ferenczi uses the term *oceanic* to describe the infant's feelings at this period and emphasizes the neonate's passivity both as regards giving itself over to quiescence and sleep and the infantile terrors which must be passively endured the moment they overstep the very limited abilities of the immature nervous system to engage in any sort of patterned reaction to noxious stimuli.

The oral stage. Oral pleasure is described as an instinctual (sexual libidinal) need more significant for personality development than hunger in our culture although the two are related. Passive suckling closely connected with the growing perception of the mother as the external source gives way to active biting (stage of real ambivalence). Perception of the object (mother) appears primarily in connection with the bodily function of swallowing (incorporation and introjection = identification) and spitting out (projection). At a period when the infant does not clearly distinguish between the inner and outer world between function and object these trends are necessarily highly generalized. Essential modes of relationship to objects stem from this period and the infant's expectations of the outer world are profoundly influenced by this initially oral contact.

The anal stage. Reflex evacuation of course occurs from birth and is presumably pleasurable to the infant. Probably withholding of the feces also becomes pleasurable spontaneously at a later date certainly the withholding appears in every culture. The infant appears to value his excreta as object the activities of expelling and retaining become his first efforts at direct control of instinctual drives. Furthermore the mother already a highly cathected object demands control on her terms. The infant approaches this new focus of instinctual concern with attitudes already partly formed during the oral stage. Indeed the two stages overlap the two foci of concern are only partly independent and neces-

sarily interact with each other. The special feature of the need for autonomous control of a powerful instinctual pattern (itself diphasic as regards expelling and retaining) plus the need for adaptation to the demands of the mother make the modes of adjustment worked out by the child at this period especially significant for later attitudes toward (1) his own autonomy vs giving in to others, and (2) his own possessions (originally his excreta) vs more general valuation of objects.

The phallic stage. This stage is marked by pleasurable excitement associated with the phallus and by a high evaluation placed upon it by both sexes. The desire for phallic gratification is handled by masturbation—a solution seriously condemned by the external objects (parents) whom the child has come to respect, to love, and to fear. Partly the desire demands an external object for its fulfillment, and the child is forced into the oedipal situation. His mother, the earliest cathected object, is now the object of his genital desires, and his father becomes his rival.

Superego. Prohibition of the natural aim of the libido in the phallic stage leads to formation of the superego. Blocked in direct fulfillment with the mother, conflicted in attitudes toward the father as successful rival (whom one would like to kill and emulate) and as powerful, loved protector (whom one needs and wants), threatened by castration if he attempts to compete, the little boy solves his problem by a massive introjection of the parental attitude, as he sees it, by identification with the parents.

Melanie Klein of the English School considers the superego as a much more gradual development than the one presented as essentially Freudian, which operates in certain ways in early infancy. According to her, the major dynamics of ego and superego development operate in the first year of life. Passive sucking gives way to active biting around the sixth month; that is, the child is able to do something about his states of anxiety beyond mere endurance. Furthermore, he has developed some sense of objects as different from himself, although rudimentary. The period is dominated by the organs and biological processes which his own experience has allowed him to recognize (plus dim phylogenetically determined images, according to Klein, of the penis, the vagina, and the general idea of coitus and childbirth). The breast of the mother, his own feces and urine, the genital organs, the process of incorporation and expulsion, and the presence and absence of the mother are the essential materials available to the infant.

Klein also develops the position that oral sadism is of crucial importance for personality development. The rage derived from frustration serves to strengthen the sadistic instincts of the infant. Klein accepts Freud's concept of the death instinct as an active aggression against the

self Coitus is fantasied as an act of biting leading to oral incorporation of the penis by the mother. The penis and vagina are conceived of as dangerous weapons—the penis largely equated with the breast the vagina with the biting mouth.

Therefore the infant conceives the object as something to be incorporated or ejected with the polarity of good and bad so often cited in analytic schools as the first possible autonomous judgment of the child. The mechanism of projection is further aided by the tendency of the organism to turn the essentially autoaggressive death instinct outward in self protection. Thus the infant falls into what Klein calls the paranoid position as the first phase of his active relationship to the world attributing to the parent its own hostilities. But of course there is always the good mother, who facilitates the pleasure seeking of the libido and there are libidinal urges which seek gratification. Very early the infantile ego mobilizes one part of the id against another—a division which is the first step toward instinctual inhibitions and the formation of the superego. Fear and love of the parent aid in the process.

A little later the child enters what Melanie Klein calls the depressive position. The significant change rests upon the growing recognition that the object (mainly the mother) has an intrinsic wholeness. Mother is perceived as being in herself both bad and good. One cannot attack the bad mother without also destroying the good mother. Klein feels that now the whole object is introjected and the hostility projected in the paranoid position is now experienced by the child as again internal and directed against the self.

The classical Freudian position however is that adult psychosis especially depression presupposes conflict among rather well systematized personality institutions and cannot be considered as in any sense the equivalent of the infantile conflict.

Psychological development of the female. In the early years little girls are very much like little boys. In the phallic stage they must shift the organ of gratification from the clitoris to the vagina the object from the mother to the father and must veer to a passive position. Castration is for them the observed fact that determines the formation of the oedipus complex and penis envy becomes their dominant motif. The girl wishes to regain a penis via the male (in early life the father) and develops the child penis equation familiar in analysis. The oedipal situation is not renounced so abruptly as in boys and the superego of women is not so sharply demarcated and independent as that of men.

Latency period. After the repression (or resolution) of the oedipus complex and the development of the superego at about the sixth year Freud believes that the infantile sexual urge goes into eclipse until the

renewed biological forces of puberty again bring it into prominence. Erikson points to the importance of finding tools and skills during this period which allow the child to identify with others on a more socialized level than the early organ fantasies.

Adolescence The classical Freudian position emphasizes the rein statement during this period of early attitudes and quasi solutions of the oedipus complex. Without denying the crucial importance of this position, some authors now point to the special structure of libidinal problems characteristic for this age. Erikson emphasizes the need of the adolescent to find his identity—that is, a social role which matches his early instinctual relationships within the family.

6 *The Dynamics of the Functioning Personality*—This may be initially approached in terms of the libido which is applied to the whole available energy of Eros, that is, to the motive power springing from states of tension in the body itself. In the very early stage, before the id and ego are differentiated, the libido is entirely self-oriented, it is called narcissistic libido, and is the reservoir from which object libido is drawn.

The theory of the libido has the merit of showing the dynamic unity of the psychic life, its purposive character as related to native biological needs, and—through the concept of fixation—of providing means for differentiated understanding of the actual complexities of personality. Consideration of how the personality works involves study of the defense mechanisms used by the ego to control id impulses and to achieve a functioning synthesis.

In 1894 Freud used the term defense to refer to the effort of the person to protect himself against "dangerous" instinctual demands and the conflicts arising in the course of development. In 1936 Anna Freud listed nine defenses (in addition to sublimation) as very familiar in the practice and theory of psychoanalysis: regression, repression, reaction formation, isolation, undoing, projection, introjection, turning against the self, and reversal. The author selects some of these for special mention.

Repression Repression means, in essence, thorough dismissal from consciousness. The process is expedient at the moment, but the ego thus excludes large areas of the id from itself, and therefore from the possibility of development under the reality principle. The important repressed material is, for the Freudian, infantile in a very literal sense. The crude primary process survives unchanged in the unconscious. It remains as freshly urgent as when the child first resorted to this solution of his dilemma, and the repression continues to require constant effort.

for its maintenance. What changes during the later life span is mainly the further techniques of defense.

Freud noted very early the close relationship between anxiety and the repression of impulses that appeared to be mainly erotic. His first explanation was that repressed sexuality is literally converted into anxiety. Later (1926) he specifically renounced this explanation and stated that it is anxiety that causes repression.

Repression plays some part in all the neurotic mechanisms. Other types of defense come into play either as a means of integrating the instinctual representatives of the repressed impulses with the rest of the personality (as in rationalization or the secondary gain of illness) or when simple repression is ineffective. In the latter event, other mechanisms may serve to buttress the repression directly or to supplement it as independent lines of defense—occasionally to the point of superseding it as the main mechanism.

Reaction formation. This is an exaggeration of tendencies in opposition to the repressed impulses. Very often reaction formation and direct expression of the impulse in limited areas stand side by side in the same personality, both recognizable by their exaggerated and inexpedient quality.

Isolation. Related to this persistence of direct expression along with reaction formation is the mechanism of isolation, clearly observable in obsessional or compulsive patients. The impulse, thought, or act is not denied access to consciousness, but it is not permitted normal elaboration in associative connections and in affect.

Undoing. A further mechanism found clearly illustrated in compulsion neurotics is undoing. Freud remarks that "it is a kind of negative magic . . . in which the individual's second act abrogates or nullifies the first, in such manner that it is as though neither had taken place, whereas in reality both have done so."

Denial. During the magical years in childhood, denial of reality is universal. As the ego matures in its reality function and the inner life takes on more structure, such a solution must be discarded as a major defense. Fairly overt denial of facts and especially connections between facts may take place incidentally, as in the mechanism of undoing. But only in very grave pathology, e.g., in psychotic delusions, can the adult so override the dictates of common sense as to deny directly an important fact.

Compromise. The direct expression of an impulse is often fused with its inhibition from the outset. The borderlines of mechanisms tend to blur since they are only guide lines to highly complex dynamic relationships, and because etiologically different trends of relatively independent

structure coexist in the same individual. Something of this is seen in the mechanism of undoing, in which the expiatory phase is premised upon first allowing some positive expression of the unconscious wish.

Displacement Concern about the genitals may, for example, be displaced to the head, to the feet, to almost any part of the body, or even to the body as a whole. Symptoms may then appear to be quite distant from the impulse pressing toward gratification. Akin to these phenomena are displacements to other people, external objects, institutions, ideas and activities. A common example is venting hostility on an innocent bystander, as in the example of a young girl who snaps at her family when she is disappointed in a date.

Character A special kind of defense mechanism, very pervasive in its influence and lying at the core of the personality, may be called "character." Concern with this problem began with Freud, but it has been developed further by other analysts, notably of the nonlibido schools.

Among the Freudian analysts, Karl Abraham is outstanding in this connection. Abraham felt that when the personality became fixated primarily at one or another stage of libidinal development, the adult personality could be fruitfully described in terms of the strivings and attitudes characteristic of this stage. He distinguished an oral passive and an oral aggressive character and an anal character. The genital character is that of the fully mature person. Fromm borrows a great deal from Abraham's elaborations although he lays much more stress on the general social constellation in which the child is reared.

Another author of especial importance in this area is Wilhelm Reich. Whereas Abraham sees character mainly as a kind of continuation of trends established in the developmental stages of childhood, Reich's emphasis is on the concept of defense. Character, according to him, involves a profound and chronic alteration in the ego which serves the person as a sort of armor against those stimuli, external or internal, that he has come to consider dangerous. Far from directly reflecting his libidinal structure, it typically represents a reaction against powerful libidinal needs. In the analytic hour, it functions mainly as resistance to emotionally effective insight.

Mechanisms and dynamics Freudian dynamics is a view of systems relatively loosely woven together, not a single holistic system by which everything can be explained once the key to the over all pattern has been found. The trend that is stronger at any given period mainly determines the behavior of the person, while the weaker trend finds expression as best it can. Fairly often, then, the id impulses are not direct contributors toward the reaction pattern exhibited by the person from moment to moment but maintain a separate existence expressed in frag-

mentary fashion if at all. They are not inactive meanwhile but may come to the surface only when the quantitative relationships of the various trends within the personality are shifted.

Thus, although the nuclear conflict is considered to lie in the oedipal situation its actual working out in the individual instance becomes infinitely varied as different points of fixation or regression of instinct fusion and defusion of tension among different structural divisions come into predominant action. This is primarily a problem involving the synthetic functions of the ego. The key to fruitful understanding of the Freudian concept of dynamics is emphasis on its multidimensionality. Freud does not extrapolate human behavior from a few general principles handling complications by purely logical deduction roughly checked against experience. On the contrary he has introduced a whole series of concepts which order observations at different levels from different angles.

7 Pathology and Treatment—Freud repeatedly emphasized the idea that the trends and conflicts he discovered were not the specific cause of neurosis. Neurosis results from the quantitative distribution of energies, not from the mere existence of a conflict. Even the nuclear problem of the oedipus complex is not peculiar to neurosis. Pathology develops as one or another aspect of the problem becomes quantitatively unmanageable by the techniques that the personality has established.

Hysteria According to Freudians hysteria dates from the phallic stage of childhood with relatively slight complications from earlier stages of development. The differentiated type of repression characteristic of hysteria cannot occur prior to differentiated perception and object relations. The other aspects of the hysterical syndrome (emotional lability, outgoingness, ease of transference suggestibility) also seem related to the stage at which the dynamic of the neurosis is determined. The relatively mature development of the capacity for object love facilitates transference. Patients exhibiting these characteristics can often be temporarily cured of a major symptom by almost anything—Christian Science suggestive therapy, hypnosis, or a change in life circumstances happily related to the major conflict.

Compulsions and obsessions These originate in the anal-sadistic stage and proved less easy to handle than the cases of hysteria treated early by Freud, requiring an extension of his theory. He felt that in these instances the unacceptable idea and its derivations were not so much excised as in repression, as quarantined—that is, denied their normal associations and ramifications. Isolation, undoing, and ambivalence are prominent. These patients usually show character traits

similar to those described later for the anal character. They tend to be reserved, guarded, self-opinionated, stubborn, rigid, and addicted to rules of conduct and programmatic modes of thought. They are usually orderly, punctual, fastidious—sometimes with areas or periods of carelessness and "messiness."

The functional psychoses. The essential feature of psychotic conditions may be stated as the greater depth of the regression. Freud felt that the truly psychotic manifestations belong to the preoedipal period—indeed, to the stage of narcissism before the ego has properly developed. The mechanisms of psychosis (apart from the dynamically separable attempts of the ego to regain mastery) are the archaic mechanisms of the infant before secure object relations have been established. Freud does not deny the probability of constitutional factors in many cases which somehow predispose the individual toward unduly strong fixations at the early stage or which undermine the structure of the ego later on.

Depressive states. These (including involuntional melancholia and manic-depressive psychosis) are thought of as representing a fixation at the oral-sadistic level. The patient's basic relationship with the world is that of a hungry, dependent infant. The self is poorly differentiated; object relations follow the principle of oral incorporation, becoming quite literally part of the self.

Noteworthy in depression is the hostility of the patient, directed almost entirely against himself. It is often possible to trace clearly an earlier ambivalence to the external object whose defection so commonly precipitates the depression. Neurotic depression has a similar underlying basis, but the ego remains intact, and adequate contact with reality is preserved. Hostility toward the (introjected) object is strongly reinforced by the severe superego of the depressed patient. He has introjected mainly the harshly punitive features of the parental image. Increase in the force of the id impulses during the climacterium makes involuntional melancholia a special form of the depressive pattern.

The periodicity of the manic-depressive syndrome corresponds to the cycle of hunger and satiety of the infant. The superego (introjected parent) grants supplies after the period of deprivation; however, the period of satisfaction must be followed by distress.

Schizophrenia. This other major functional psychosis has many points in common with psychotic depression. There is the unsolved problem of a predisposing organic condition, the same deep regression to primary narcissistic states, and the same loss in the reality-testing function of the ego. Schizophrenia, however, is a much more variable disease. Perhaps because the ultimate regression is even deeper than in depressive states, its pattern is less clearly attributable to the problem

and mechanism of a specific developmental stage. Differentiation is made between the primary regressive symptomatology of schizophrenia and its restitutive mechanisms. These truly psychotic restitutive efforts are of course unchecked by the mature reality judgment of the ego and employ the shadow rather than the substance of past life experience.

Psychopathic personality There are individuals whose behavior seems primarily characterized by a complete absence of moral scruple. Often very clever about getting what they want at any given moment they seem incapable of postponement and longrange planning. The patient may steal impulsively and be caught through carelessness—not because he unconsciously craves punishment as do some neurotics. He quite genuinely forgets about possible consequences. Apparent foolishness is due to lack of stability and capacity for delay, not to failure in appreciation of the realities of the situation. The major Freudian explanation for this condition is that there has been a serious failure in superego development and early identification. The parental image has not been adequately internalized in the form of conscience but remains an external force. Object relations are of necessity poor—since good early object relations would have led to more adequate superego development. By the same token, infantile instinctual drives are prominent.

Psychoanalysis as a method of treatment Some recent changes in technique are connected with (1) flexibility in the number of sessions per week, occasionally with the introduction of planned interruptions of treatment; (2) more active manipulation of the environment, especially for children, adolescents and psychotics; occasional direct aid in planning, and the like are no longer so strictly taboo as in earlier years; however, the intent is still to facilitate understanding at a deep level; (3) more systematic observation of the reactions of the patient at the nonverbal level to a lesser degree; the introduction of techniques designed as aids to such observation or which actually encourage nonverbal expression.

The emergence and exposure of infantile fears and wishes is the *sine qua non* of deep analytic therapy. This emergence takes place mainly via the transference of the original conflict situation to the relationship with the analyst, so that literal remembering of the actual infantile events need not be complete even in classical Freudian theory. Freud's second point concerned affect. He observed at once that the repressed memory almost never came to consciousness cold, and that if it did, no therapeutic result occurred. The two cardinal principles of somewhat mechanical recovery of infantile memories and abreaction of the emotions attached thereto survive only as the general principles of insight and feeling even among the most classical Freudians. Recognition of the importance of the patient's feelings during the analytic hour can

not be overestimated in the dynamics of any school. As the patient repeats in his relations with the analyst the infantile relations with his parents, the buried feelings again find expression and become available for therapeutic use.

Ferenczi came to believe that the repetition should be relived with a difference directly experienced by the patient—namely, that as parent substitute, the analyst should supply positive warmth and acceptance. Alexander especially emphasizes the importance of corrective emotional experience that occurs when the analyst assumes an objective, understanding attitude opposite to that of the parents, which caused the neurotic development.

Freud himself remarked on the need for variation in some instances, notably in the treatment of phobias. Sooner or later, the doctor must actively require that the phobic patient do what he is afraid to do. The agoraphobic, for example, must come to the office alone.

The same difference in evaluation of the curative process appears in relation to the problem of acting out in the analysis—that is, carrying into action impulses stirred up in the course of treatment. The classical Freudian position argues that so long as the patient expresses his impulses in however disguised a manner, he feels no need to understand them. Precisely by preventing the realistic consummation of the patient's expectation, the analyst makes the impulse analyzable. Many analysts today feel that acting out is in some measure unavoidable, whether in real life or in the office, and that it should be analyzed rather than prohibited unless it is dangerous or socially unacceptable.

Freud observed almost at once that something kept the patient from effectively grasping the truths about himself which had become apparent to the analyst. He called this resistance and found that it manifested itself in protean ways. He tried eventually to differentiate among the various sources of resistance according to his structural approach. These involved id and superego elements in addition to ego resistance which comprises the whole complex of defense mechanisms erected by the ego during the life of the patient.

Part III Adler, Horney, Fromm, and Sullivan

8 *The Terms of the Organism*—Adler. The major contribution of Adler was an emphasis on social and interpersonal factors in personality function. He was not much concerned with the terms of the organism as such. He drew special attention to the significance of organic defects but only as they conditioned or revealed psychological attitudes toward the defects. The only biological fact of importance in itself is the help-

lessness of the human infant This is the root of universal feelings of inferiority which supply the motive power for compensatory striving toward superiority If early experience places too great a burden on the child, he develops unrealistic expectations and does not prepare sound methods of coping with life situations the striving for superiority becomes distorted The child makes an 'erroneous solution of life's problems—erroneous because it operates against interest in others and cooperation, because it strives for a fantastic superiority without the appreciation of reality offered by a properly maturing common sense Thus very early experience determines the specific kind of superiority the person will strive for and the pattern of his attempts This is called the life style

Horney Like Adler, Horney is primarily concerned with the movements of the personality as a whole and tends to resist compartmentalization into instincts present at birth or later institutions She also tends to emphasize one principle as basic—the need for security, which does not operate universally, as does Adler's will to superiority but only when the person is threatened Then he readily develops an all pervasive sense of the world as hostile and dangerous This feeling Horney calls basic anxiety The individual defends himself against it by safety devices which must be considered neurotic because they protect against this deep inner fear and are not expediently realistic dangers

Hostility, self esteem and conflict are important issues Hostility is not instinctual but may arise in response to early feelings that the world is hostile Neurotic frustrations, self imposed for security, also arouse hostility which itself produces anxiety which again requires the use of safety devices (vicious circle) Self-esteem may be distorted in relation to basic anxiety and the need for security Normally, self-esteem includes the wish to be valued by others but only in neurosis does it become merely a reflection of what other people think we should be

Fromm The essence of the human conflict is the necessity forced upon man by the very individuation of his biological structure to seek new independent, and reasoned solutions to the problems of his existence However, potential freedom as an individual tends to make him feel alone and insignificant The basic psychological problem therefore is a choice between the security of authoritarianism and the hazards of freedom In so far as man is able to accept individuation he can be happy in the fulfillment of productive work and loving relationships Only the person who has accepted individuation and who loves his true self can appreciate the selfhood of others Though some uneasiness is universal and useful, normally a person attempts some escape from freedom Neurosis becomes a matter of the degree to which the individual cannot

tolerate his status as a separate self and has developed nonproductive mechanisms of escape. There is no meaning to life except the meaning man gives to life by the unfolding of his powers.

Sullivan Sullivan emphasizes mainly the pervasive interaction between the organism and its environment, mainly personal. This interaction is so pervasive that Sullivan objects in principle to the concept of any organized psychological impulses, drives, goals, etc., that can be distinguished as proper to the organism itself in contrast to the organism in the interpersonal situation. He uses the term dynamisms for those relatively enduring configurations that emerge as the organism experiences its living and that come to offer workable constructs for understanding the significant aspects of interpersonal behavior.

Initially, the organism pursues satisfactions implicit in its bodily structure. Such pursuit means relief from tensions arising mainly through chemical disequilibrium and action of the unstriated muscles. The skeletal musculature is at first merely instrumental to this end. The end state desired is called euphoria, a condition of tensionless bliss most nearly approximated in deep sleep. The pursuit of satisfaction continues, of course, throughout life, but the purely bodily dynamisms become difficult to distinguish sharply from those arising primarily from other sources.

The latter types of dynamisms are grouped together as the pursuit of security. This pursuit is culturally determined and comes to involve the need for approval and prestige. Initially, the infant directly experiences tension (discomfort) through a process of empathy when the adults around him are disturbed and hostile. He soon grasps the fact that his own behavior has something to do with the uncomfortable attitudes of the adults whom he begins to perceive as entities different from the physical world and from himself. He then begins to control his behavior in a manner calculated to reduce these tensions. Anxiety develops in this interpersonal context, and avoidance of anxiety rapidly becomes the motive behind the formation of new dynamisms related to the pursuit of security.

Although Sullivan repudiates the concept of an inborn self whose actual or potential capacities may be considered generally human, he lays enormous stress on the self-dynamism. This develops out of the reflected appraisals of the significant adults around the infant and becomes a factor of prime importance for all human behavior. In later life the pursuit of bodily satisfactions (lust dynamisms) and the pursuit of security interact and merge, but may also conflict sharply.

9 *The Terms of the Milieu.*—Adler Like Freud, Adler believed that the first five years of life are crucial for personality structure. It is

then that the life style is set up largely under the influence of the family. The point at which children feel most inferior—and hence the direction assumed by the compensatory striving for superiority—is determined partly by specific organ inferiorities and partly by early interpersonal situations. The general style of coping with events and people through life is developed through the actual experience of coping with parents and siblings.

The child who has been spoiled or hated tends to expect pampering or to anticipate hostility all his life. Order of birth also modifies the influence of the milieu for the little child. The only child, the first born, the second born, and the youngest child are likely to show a life style typical for the kind of rivalry, pampering, and rejection they had to meet. In school the child may learn better techniques of cooperation and more self-confidence and enterprise or he may become seriously discouraged.

Adler emphasized three life problems everyone must somehow solve: social adjustment, work adjustment, and adjustment to love and marriage. Social attitudes toward sex differences in our culture are so strong that they directly influence personality development. Feminine qualities (Adler denies any real psychological difference between the sexes) are held in such low esteem that women carry an extra measure of inferiority feeling and may compensate by what Adler called the masculine protest. The exaggerated he-man also is usually compensating for fears of so-called feminine traits in himself.

Horney. Infantile experiences are never unimportant but they are really determining only for the more inflexible and deeply neurotic patients. The basic evil in the home is lack of warmth and affection, almost always a consequence of the neuroticism of the parents. The child can accept realistic hardships provided that he feels essentially loved, accepted, appreciated. In the neurotic home the child develops a variety of unrealistic expectations. Later on he does not directly relive the experience of his childhood but he applies attitudes bred in him at that time. He anticipates hostility; his security depends on expedients designed to overcome unconscious anxieties to build up his sense of worth.

Horney is somewhat more systematic than Adler in calling attention to the impact of social structure on the individual. She emphasizes especially the conflicts inherent in social values and mores. Ideals of brotherly love and of personal success, both inculcated in our society, are to a large extent intrinsically incompatible. The neurotic, since he is more dependent in one fashion or another on social approval, on values

external to himself, is especially at the mercy of the contradictions regarding what is approved

Fromm Fromm focuses upon the tensions between the impulse toward free, productive individuation and the security of primary emotional ties experienced by the infant. Ideally, the process of individuation should keep pace with normal growth in strength. In practice, the demands of living frequently outstrip growth in strength, and hence the individual tries to recapture the primary ties in a variety of ways, all of which have in common escape from the freedom of the self.

Since the self is emergent, the experiences of the young child within the family are as paramount for Fromm as for all psychoanalysts. But the parent is part of the child's society while ministering to the child and the child rather quickly comes to function in a society although with the basic attitudes he learned at home. Thus, both indirectly through the parents and directly through his own experience, the child acquires the character that enables him to cope with the tasks he must later perform in social living. Most members of a given social group are therefore likely to share a common core of character structure.

Although social events profoundly influence the kind of situation the person has to cope with, eventually social events (institutions, economic laws, etc.) are maintained, elaborated, and at times drastically changed by the human character that comes to predominate. The marketing orientation is characteristic for modern capitalistic economies notably in America. Here the individual is alone and insignificant as his primary ties to family, state, church, and social order are weakened unless he develops sufficient self-strength.

Sullivan In his discussion of cultural impacts upon the child at various ages Sullivan mainly emphasizes the child's actual capacity to deal with different types of symbolization, and the relation of these capacities to his reactions to his environment. First he defines three modes of experience: (1) *prototaxic*—this is characteristic of infancy and deep psychotic states; there is scarce distinction between self and world and no temporal organization; (2) *parataxic*—the infant becomes aware of the essential difference between himself and the world of people and objects; his experience with language is important, leading to a perception of the consensually validated symbol and its possibilities of reference; there is an autistic quality in this stage in the development of arbitrary, personalized symbols which are not tested against reality, because of the child's limited experience and capacities; (3) *syntactic*—this ideal mode is characterized by full appreciation of the logical interrelatedness of the symbols used, with full use of consensual and other validations, however,

syntactic and parataxic meanings of the same word often exist side by side

In his treatment of developmental stages Sullivan stresses the maturing capacities of the child which make him aware of aspects of his interpersonal environment and able to deal with them. Only in adolescence does the inner need of the child become decisive in the form of the genital lust dynamism. The stages of personality development are summarized as (1) infancy—to the maturation of the capacity for language behavior (2) childhood—to the maturation of the capacity for living with compeers (3) the juvenile era—to the maturation of the capacity for love (of one's own kind). Here a kind of internal critic is developed which becomes a suborganization of the self system. It is largely formed of appraisals of significant adults. Also the self assumes a more socialized personification which we may call reputation. (4) preadolescence to the maturation of the genital lust dynamism (5) early adolescence to the patterning of lustful behavior (6) late adolescence to maturity. Adolescence sets in with the maturation of the lust dynamism. This is a crucial event because of cultural attitudes to sex. Difficulty arises partly because of typically strong disapproval of infantile sex behavior and partly because of the cultural institution of long delay between physiological maturation and socially sanctioned fulfillment. Regression to the juvenile era may occur and may result in an egocentric personality security bound and prevented by anxiety from genuine love and interpersonal experience. Thus in the sense of progressive socialized learning Sullivan states that all the stages of development must be successfully negotiated before the person can become a fully mature adult.

10 The Genetic Process—In a general way the genetic process is as important for the nonlibido schools as for Freudians but their emphasis is on the general emotional climate rather than on inner instinctual necessities and except for Sullivan there is no systematic differentiation among the special needs of the child at various stages of growth. Sullivan's description of the epochs of childhood was given in *The Terms of the Milieu*. The others have not dealt systematically with the subject. Their generalizations about this are explained in other connections elsewhere.

11 Dynamics of the Functioning Personality—Adler. The outside world is not infinitely malleable in accordance with the life style of the individual. Adler therefore introduces two further concepts: social feeling and shock. If social feeling is inadequate the life style has relatively full sway without correction. The individual then experiences the require

ments of society as external to himself, as a hostile incursion which he must master. Hostility, aggression, and sadism are not primary tendencies but develop when an unprepared personality tries to cope with cogent life situations by means of a limited life style. Adverse circumstances reveal the limited life style and lack of social feeling and may produce a feeling of shock which then causes an intensification of the overpersonal life style.

The life style is manifest not only in overt behavior, but also in fantasies, dreams, and art. These are purposeful creations, aimed at integration of immediate problems in terms of the enduring life style. Adler's emphasis on the first memory was in the service of elucidation of the life style and unconscious attitudes which underlie it and which are sometimes at variance with it.

Adler operates with the concept of the unconscious, but rarely mentions it except to disavow it, principally on the ground that the personality always functions as a unit in conformity with the established life style, without intrapsychic conflict.

Horney Like Adler, Horney sees behavior as a constant and contemporaneous effort at adaptation, without the operation of repressed infantile wishes and fears. The term "neurotic trend" is used to indicate needs rooted in the search for current safety. Fixation, regression, and repetition have no place in her view. However, intrapsychic factors may produce anxiety which evokes the neurotic expedient. Horney objects to considering the ego as "weak." For her, this is the strongest aspect of the personality—namely, the sense of self in direct relation to other people.

When a neurotic demand exceeds realistic possibility of fulfillment, its disappointment creates hostility or fear which renews the basic anxiety which again necessitates more stringent use of the original defense. The neurotic may move toward, against, and away from people. This leads to a general typology of compliant (dependent), aggressive, and detached personalities. The compliant person, however, may dominate by weakness. His suffering uncomfortably exalts the loved one and exacts reciprocal devotion.

Horney, like Freud, uses the idea of unconscious defense mechanisms especially rationalization and externalization (a broader term for projection). The need to maintain a sense of self unity makes necessary repression of antithetical trends, and is involved in the development of an idealized image. The real self becomes lost in neurotic effort to preserve the unrealistic exaggerations of the self. The tension between the ideal image and the real self is central in all neurosis.

Munroe considers the idealized image—or, more broadly, the self

image—a most important contribution, and would like to see it included as a fourth agency of the mind in the Freudian framework. However, the concept of the 'real self' as a sort of developed entity which needs only to be released by therapy is less acceptable.

Fromm The basic conflict is between the self and the unbearable isolation of selfhood. The most general category of escapism from such isolation is authoritarianism under whose aegis guilt is generally defined as disobedience. The superego is broadened to mean internalization.

True productiveness involves the ability to see things (and people) as they are and to respect them. This ability is a prerequisite of love. Inadequate development of the productive attitude leads to various mechanisms to cope with loneliness and insignificance. There are four dominant modes of reaction—receptive, explorative, hoarding, and marketing. The marketing orientation in particular involves loss of sense of self. Personality becomes a commodity which must be tailored to the market.

Sullivan Despite new terminology, Sullivan's concepts are similar to those of analysts in general. The self dynamism is comparable to the self of the nonlibido group and to the synthetic ego of Freudians. Selective inattention is like Freud's preconscious. Dissociation is like the unconscious. Repression is in the service of avoidance of anxiety. Parataxic distortion refers to the autistic personal meanings which operate unconsciously. The central concept is of the emerging self which integrates human environmental experience. Through sublimation dissociated impulses may find partial expression in socially accepted activities.

12 Pathology and Treatment—Sullivan's ideas dominate this section. He distinguishes generally between substitutive processes (neuroses) and disintegrative processes (psychoses). In hysteria the major mechanism is amnesia to which the self-absorbed individual is especially subject. Obsessional states arise from early profound insecurity in which personal magic derived from late infantile and early verbal stages is dominant. As for psychosis, Sullivan keeps the old term *dementia praecox* for an organic, degenerative disease of insidious development, with a poor outlook. Schizophrenia is distinct and is primarily an acute disorder of living with a better prognosis. The self dynamism fails to maintain its functional unity. Like Freud, Sullivan considers this state deeply regressive. It results in stupor or rage. Constructive resolution of disintegration before full restitution may result in paranoid states or hebephrenic dilapidation. In the latter, the organized self-dynamism becomes the repressed part of the personality (the reverse of what occurs in normalcy and neurosis). Therapy then involves getting the patient to accept his own

self-dynamism as a less terrifying thing—the obverse of making the neurotic aware of dissociated trends in himself

Adler The keynote of Adler's therapy is (1) helping the patient toward understanding his life style (insight), (2) a warm, encouraging attitude on the part of the therapist, and (3) helping the patient find concrete ways of achieving social interest (change in attitude, situation, hobbies, etc.) Adler thus emphasizes the direct experience of love, appreciation, and collaboration in the therapeutic situation

Horney, Fromm, and Sullivan The techniques used by the non libido schools are roughly similar to those used by Freudians, with some variations such as some relaxation in the concept of the detached objectivity of the therapist greater flexibility in frequency of sessions and less insistence on the use of the couch

With regard to free association, Sullivan had his doubts. He emphasized the need for communication and referred to the "parallel autistic reveries" which kept patient and therapist apart. The nonlibido school uses free association often, but objects to its primacy. The patient is rather led to talk in a more directed way about significant aspects of his life, past and present.

Dreams are used by all analysts. However, the concept of the latent content of the dream as an infantile (usually sexual) wish is denied by the nonlibido school. Dreams are used in accordance with the basic dynamic orientations of the particular analysts and their concepts of the nature of the therapeutic process.

All analysts pay heed to indices of emotion such as timbre of voice, movements, vasomotor reactions, etc. However, Sullivan directly, and Horney and Fromm by implication, indicate the need for verbal formulation on the part of patient and doctor. Among these three analysts it is Horney who most heavily emphasizes the current situation, although the past is illustrative and in a way explanatory. In some contrast, Sullivan looks for the origin of syndromes in specific childhood experiences which may have conditioned dissociative processes. All schools emphasize the importance of the doctor-patient relationship and the need for elucidation of its distortions.

With regard to the matter of interpretation, Munroe feels that the personality of the therapist is more relevant than his school affiliation. Content of interpretation and behavior selected for discussion are largely determined by the theoretical system of the analyst. However, in actual practice the differences are minimized although not erased by attention to ego defenses and working through by the Freudians and to sexual problems and hostility by the nonlibido schools. In full analysis, however, the Freudian does feel that the patient must share his formulations.

Oral dependency needs are directly related to current eating habits and attitudes to food. Feelings of injury, inadequacy and guilt are eventually directly related to castration fear and rivalry with the father. Sexual experiences are usually considered important by nonlibido analysts but as foci of vivid interpersonal problems rather than as dynamic elements in their own right.

The crux of the therapeutic process for all schools is the development of insight by the actual experiencing of aspects of personality which have been defensively made unconscious. The experience with the analyst is the major means of the process. The analysts discussed in this part of the book are in favor of analyzing all transference reactions from the outset in order to clarify at all times the real relationship to the analyst. The Horney group seems however to distinguish less sharply between reality and transference aspects than other schools. This is consonant with the tendency to work directly with all current attitudes rather than with reconstructions of the past.

Part IV Jung and Rank

13 Jung—He considers the libido as a unitary life energy of which sexuality is merely one mode of expression. In the growth of the child libido moves from the nutritive (oral) to the genital zone, often carrying with it residues of its early fixations. The child seeks the nourishing, compassionate figure of the early phase of infancy and fuses this figure with his emergent genital libido. Incestuous longings, however, are prohibited not only or even primarily by his realistic biological and social fear, but by fear of the retrospective longing for the passivity of the suckling era, of the Terrible Mother, the Witch who devours the constructive energies of mankind.

Jung early felt that the unconscious was not the encysted, repressed part of the individual trying to find release, but was a currently active part of the personality which should be investigated to elucidate its creative dynamics in the present. In Jung's early work with schizophrénics, he noted the frequent appearance of similar images in patients of widely dissimilar backgrounds. These images also resembled certain aspects of dreams, great myths, legends, and art forms of the world. He was thus led to the belief that man's mind carries traces of his racial past and that he is predisposed to certain hopes, fears, strivings, and terrors as a manifestation of the general human condition aside from his individual personal experience. This heritage is called the collective unconscious and is represented by archetypes, limited in number and with similar general outlines. They may take the form of persons such as the

compassionate mother or the devouring witch. They may be represented by certain actions like crossing a river as the symbol of rebirth, or by arithmetical or geometrical symbols, as in the *mandala*, a four-sided figure with a central circle.

The collective unconscious has to be examined in connection with the personal unconscious and conscious control. The appearance of archetypes in psychosis, e.g., results from the overwhelming of the ego. The beautiful aspects of the collective unconscious are adumbrated in great art and creation in general and in life itself. Partial failure to use the archetypal substratum may result in neurosis or a superficial "adjustment" which is considerably less than full emotional health and maturity.

In dealing with the more individual aspects of the person and his individual unconscious, other dimensions of the psyche must be considered. These include the *attitudes* and *functions* with their *shadow*, the soul-image (*anima*, *animus*), and the *persona*.

Jung has delineated two basic *attitudes*: introversion and extraversion. The former includes the inner interpretation of events and the latter deals with appreciation of and reaction to outside events. Either attitude may be excessively developed, although there need not be a direct consistent correlation with overt behavior.

Jung also described four *functions*. These include two modes of apprehension—sensation and intuition, and two modes of judgment—feeling and thinking. All four functions are necessary for harmonious optimal functioning and for corrective balance. Variegated behavior patterns may be dependent upon different combinations of basic attitudes and the four functions of the psyche.

The *shadow* is an important aspect to be considered. Basic aspects of the personality which have been denied in conscious life tend to grow in the unconscious, as a shadow is related to the size of its object. The shadow is personal but refers less to specific actions than to general trends or modes of life. An individual who is predominantly a "thinker" casts a long shadow in the antithetical feeling area and fears the breakthrough of any kind of feeling. In dreams and drawings the repressed opposite (shadow) of a trend or direction usually appears as an inferior or monstrous image of the same sex.

Jung, like Freud, lays considerable stress on the bisexuality of the psyche. Logos is the masculine, forming, mastering principle in contrast to the feminine principle which is nurturing and receptive. Both principles are native and complementary. In the man, *anima* is the complementary feminine principle; in the woman, *animus* is the complementary masculine principle. Denial or overemphasis of either causes effects in

the unconscious similar to the play of opposites in the case of the attitudes and functions. Excessive denial or rejection of the *anima* e.g., leads to a shriveled or monstrous tendency—often discernible in dreams as a person of the opposite sex (vs the shadow which is the same sex as the dreamer)

The *persona* represents the façade which a person presents to society. It indicates how we see ourselves in a given social context and how we expect to be seen. It is predominantly a conscious concept but related to unconscious attitudes. Its degree of ego syntonicity is variable. The introvert tends toward one persona, while the extrovert more often has multiple social façades. For Jung, ego consciousness is awareness and must be distinguished from the self. The self is the center of being but its full integration is a difficult achievement. It requires a sacrifice of the child self which primitively longs for support, and correction of exaggerations of attitudes and functions with their distorted shadows. The hero experiences a sort of rebirth, the essence of which is unification of the antithetical trends of his past personality. Only a few can be truly successful, but for all a conscious choice must add its strength to the process of development of personality.

The special use of symbols by Jung requires consideration. Symbols are not merely semiotic as for Freud—i.e., indicators of a whole which is alluded to in the manner of a sign—but tend to be truly symbolic in the sense that the current problem is actually expressed in its dynamic outlines. The transformative, creative aspects of symbols are especially evident in dreams, art, psychotic production and many social phenomena. The symbol is the best possible formulation of a relatively unknown thing which cannot thereafter be more clearly or characteristically represented. Symbols often refer to the remote past of the individual or of the race (collective unconscious, archetypes), although their functional appearance is related to the present. Symbols are a means of active expression in an attempt to resolve a current conflict, and the dream is not so much a wish as an effort to work out problems.

14 Rank—The concept of the trauma of birth was the starting point and essence of Rank's position. He felt that the change from the bliss of the womb to the pains of postnatal conditions requiring initiative from the infant was actually determining for life as a consequence of it, the most normal among us carry a burden of primal anxiety. The human goal is reinstatement of embryonic bliss and the greatest human terror is that of separation. The overwhelming trauma of the birth experience is repressed (primal repression). The central human conflict thus

becomes the wish to return to the womb versus the terrible fear in delibly associated with the womb by virtue of the event of birth

Rank did not interpret weaning as the frustration of a component instinct but as a separation to which the child reacts as to the separation experienced at birth. Orality is incidental to the fear of abandonment. Genitality is interpreted for the male as a re-entrance into the mother's body—the only possible return to the womb. The female is denied such direct return. She may, however, identify with the father and with males to whom she becomes attached later. She may identify with the mother and above all with her own child. Given the basic conflict of existence, fear as well as fulfillment are implicit in these genital relations. Like Sullivan, Rank considers strictly biological needs, especially lust, as facts. But again like Sullivan, he came to deny their intrinsic psychological importance, and emphasized the profound problem arising out of birth—that is out of separation.

Concentration on the birth trauma led Rank more and more to stress the movements of the personality as a whole. Its integrative power is the will. Man cannot be explained or therapeutically helped by analysis of the separate biological and social forces operating within him and upon him.

Therapy must address itself primarily to this active will. Its main instrument is the relationship between patient and therapist, a relationship in which the therapist uses himself as the complement of the patient's will problem. The essential task of therapy is not to give the patient insight or even an emotional re-education in pathological attitudes. Therapy succeeds only in so far as the will orientation of the patient is changed.

Life fear and death fear. The will is ambivalent from the outset. In Rank's later work, there is less emphasis on the physiological event of passage through the birth canal than formerly, less on symbolic repetition, and more emphasis on an essentially philosophical antithesis of separation and union, of life and death. Within the womb, the embryo functions as a unit in symbiosis with its surroundings. Birth means the death of this union. It is the prototype not only of anxiety, as Freud saw it, but of the general problem of relinquishing the old integration in adopting a new one—dying in order to be born. On the one hand the individual strives to reinstate a unity between himself and his environment. He experiences every advance toward independence as a threat. The fear of independence, of giving up the safety of symbiotic relationships analogous to the prenatal state, is given a special name—the 'life fear'. On the other hand, the emergent will is assertive and potentially creative. It strives toward individualization. The symbiotic union is

experienced as a sort of death, a regression, a return to the womb, a loss of individuality and "life." Thus union also becomes a threat, something to be feared. Rank's term for this experience is the "death fear," which drives the person to vital effort, in contrast to the life fear which inhibits effort.

The essential point is the polarity between life and death, between separation (individualism, life fear) and union (loss of individuality, death fear). This necessary human conflict leads to three important further concepts: (1) Fear becomes, at least potentially, the constructive force rather than the crippling anxiety emphasized by other schools. (2) Resistance becomes, at least potentially, the constructive power of the will, even though it may be maldirected. (3) The major ideal of the human race in general, and of psychotherapy in particular, should be the constructive, creative integration of the trends toward union and separation.

The major genetic emphasis is on the mother, in birth and in weaning. In a general way the father often comes to have the meaning of external authority—a figure helping and opposing the development of the individual will in a manner which depends far more on the personal and social constellation of the individual than upon his infantile biological needs.

Counterwill. As he grows older, the child comes to experience his own self as a totality. He learns that he can say no to adults and to his own impulses. This momentous achievement is the beginning of a conscious integration of the person as a unit distinct from the womb of the outer world. For this reason the counterwill is in itself valuable, more valuable than personal happiness or social adjustment established on the basis of nondifferentiation between the person and the milieu.

The counterwill, developed against the parents and later representatives of external forces, against the other or "others" is thus wholesomely rooted in the basic human striving toward life and individualization. By itself, however, it tends to destroy the union which is equally necessary to the human spirit. Assertion of the counterwill, therefore, tends to arouse feelings of guilt. The profound distress implicit in the effort to be one's own self at the expense of the union which is universal and potentially creative problem with moralistic guilt, which arises when one has committed an act disapproved of by one's society or one's own socially developed code of behavior.

Resolution of this guilt becomes, for Rank, the human ideal and the goal of psychotherapy. The person must regain a sense of unity with his world reminiscent of the intrauterine state, but the unity cannot be

effortlessly symbiotic. It must be based on a positive acceptance of one's own will and the will of others at a new level of integration—indeed at constantly renewed levels of integration as the self expands and as others are selected or understood in an enlarging perspective. This progressive reintegration is accomplished mainly by love. The valid love relationship requires acceptance of the self willing by and in another.

Rank's term for the person who achieves this pattern of creative reintegration is the artist. Those who fail to achieve it are the average man and the neurotic. The average man is the man who naturally conforms to his society because he has never thought of doing anything else. His relations with his society are reminiscent of the symbiotic relationship of the womb and represent the first and easiest solution of the problem set by birth.

The neurotic and the artist—These have committed themselves to the pain of separation from the herd—that is, from unreflective incorporation of the views of their society. But the artist is essentially able to achieve an integration of his separate will and his need for union through a creative relationship to others. However, this personal will cannot become truly constructive until it is accepted by another person, human or divine. Until the person can feel that his own willing is right (i.e., not guilty), until he can feel that it is accepted by others, he cannot fully resolve the problem of separation with its counterpart of union.

The neurotic does not achieve this constructive junction of the basic dichotomous trends. Thus the counterwill of the neurotic is likely to be strong, whatever devices he has developed. He is likely to be profoundly resistant to 'being changed' in therapy, and his sense of separateness is likely to be guilt-ridden and basically hostile to others.

Therapy Far from attempting to break down resistance as a hindrance to insight, the therapist should, in Rank's opinion, work with it as the major resource the patient brings to the therapeutic situation. He is in trouble because he tried beyond the easy average solution. His 'cure' must respect and build upon this essentially creative effort. The relationship with the therapist should offer the patient that acceptance of his own will which will enable him to accept it himself, and so to move toward a more complex and constructive kind of willing. It is a kind of love relationship.

Unable to live adaptively, like the average man, the neurotic may handle his problem in two ways. He may throw his whole ego into every experience, no matter how trivial, in order to spare himself the pain of a separating independent act of willing, or he may try to keep his whole ego apart from life experience, leading to detachment.

The most distinctive aspect of Rankian therapy is related to recogni

tion and constructive use of the basic life fear and death fear. The moralistic guilt mentioned earlier proceeds from the empirical death fear as the child learns that some actions lead to active punishment or such withdrawal of love as means "death." The primary death fear is resistance against the human longing for the repose of the womb. The empirical death fear is resistance against such external forces as might annihilate the self.

The very success of therapy in the early phase of growing confidence in the own will typically leads to an exaggeration of the empirical death fear and of moralistic guilt. But the warmly supportive attitude of the therapist, leading to gratitude, trust, and love in the patient, tends to arouse the basic death fear. If the therapist can discern this death fear early, and show it to the patient as an irrational but valuable part of his growth, then the patient is helped in limiting the pendulum swings between trust and fear and between love and hate.

Treatment is then aimed at the encouragement of a more realistic 'partialization' through constant discussion of the actual life situation, past and present. Such discussion is used constructively in the creative integration developed by the patient's own will.

Consistent with the above principles is the well known Rankian idea of setting a definite end to the therapy fairly early in its course. The prospective end is set in collaboration with the patient in a rather tentative manner, with full assurance that it can be postponed if he still needs the therapist's help, and that he can return at a later time if necessary. Advance notice of the termination is supposed to make the event less traumatic and less reminiscent of the primal birth trauma. It helps to partialize a separation which must be difficult in any well going treatment.

The theoretical approach is reminiscent of the Hegelian triad: the thesis and antithesis of separation and union, life fear and death fear, which requires synthesis in the constructive will.

Part V Epilogue

Munroe here recapitulates the critical comments interspersed in the book and fuses them with an attempt at integration of certain aspects of the major schools.

The most fruitful approach seems to lie in the progressive recognition of dynamic systems of different types and degrees of inclusiveness. No such system is universal in the absolute sense although many have a quality approaching universality because they are deeply rooted either in the biological equipment of man or in fundamental necessities of

social living. The nature of man (born helpless with a unique capacity for flexible learning) is such that integrative systems between the organism and its milieu are of prime importance.

The consequence for psychology of the integrative propensity of the human species is that dynamic subsystems of very great variety develop in the course of living which cannot profitably be "reduced" to the quasi universals of biology and sociology. They must be studied in their own right, with due regard for their developmental and adaptational quality and their creative dependence on external circumstances. At one extreme lie the reaction patterns primarily constellated around "drive systems" of the organism. At the other extreme lie the transient subsystems established moment by moment in adaptation to the special circumstances of the immediate present. The past is necessary for an understanding of the present because every momentary situation is interpreted by the individual organism on the basis of its biological endowment as it has encountered previous experience. A succession of "present moments" which are significantly the same for the adapting organism tends to confirm its particular interpretation of the present situation and to build up reaction patterns of a relatively stable nature involving the total organism.

Thus, between the quasi-universal systems (deep-lying psychological trends) and the highly contingent systems of the present situation lie a great number of subsystems, developed in the course of living but fairly well organized in a variety of ways, with greater or less autonomy (tightness) as systems, differently related to the drive systems, to various external systems, and to the emergent self. Although these subsystems should not be made into universals, their nature and function can be studied in judicious independence.

The view of systems offers a perspective for criticism of the many discordant theoretical approaches discussed in the book, as well as a means of using those aspects of each approach which bring concrete observation into workable scientific groupings of requisite stability.

The Evolutionary Process.—Adler tended to equate his idea of striving toward superiority as the major human goal with the evolutionary trend toward the ever higher and better—toward "perfection." Freud found support for his concept of a death instinct in dualistic evolutionary trends toward creative elaboration (Eros) and toward stasis → disintegration (Thanatos), and finally in a dualism of love and aggression. Rank and Fromm also call upon the evolutionary process to buttress their psychological generalizations. They consider the trend toward individualization as a universal principle with intrinsic dynamics of its own

—the positive urge toward separation and selfhood vs the pain and fear attendant upon leaving the matrix of the womb or the security of instinct determined behavior

The modern concept of adaptation in evolutionary theory is essentially multidimensional. Although psychological theory must still guard against taking over principles from evolution too directly, its new approaches seem to offer us a good model for scientific thought.

The Total Personality—The self It seems to Munroe that the total personality has not been given sufficient emphasis by Freudians as an underlying integrative adaptational system although it is always implicit in the basic concepts of constant functional interaction among the various institutions and mechanisms in the mobility of the libido and in the importance of the quantitative distribution of energies at any given time.

On the other hand the difficulty with most of the 'self' theories is that the dynamically very loose system of the total personality is construed as a rather tight system which can be taken as the basic unit of psychological study. Ranks emphasis is on positive and negative directions of the will on totality versus partialization. Adler defines the total personality as constellated around the will to power. Horney contrasts a potential real self with an idealized image built out of the attempt to harmonize discordant trends in the inexpedient efforts of the neurotic to establish modes of coping with the circumstances of living. Fromm is a little like Rank in his strong emphasis on the essential conflict between the fear of individuation and the need to attain it.

Both Sullivan and Jung consider the self of enormous importance far more explicitly than Freud. But they do not identify it with the total personality. For them as for Freud the total personality remains a quite vague entity whereas the self is given more careful definition as a developmental product. The term 'organismic self' is suggested by Munroe to stress the fact that any psychological science must take the individual organism as its unit although as a substitute for 'total personality' the term is perhaps overly biological. It must be emphasized that recognizing a measure of integration as the *sine qua non* of survival is not the same as taking integration as a biological goal or as a need for wholeness in the Rankian sense or as a 'real self' in Horney's theory.

An aspect of Sullivan's concept of the self-dynamism which deserves special consideration is its fundamentally interpersonal character. Sullivan goes so far as to call the self the reflected appraisals of others but he so constantly traces the effective social appraisal back to infancy and

childhood that in practice his position differs from Freud's less drastically than might be supposed

The self image The self image is not coextensive with the total personality. It is not inborn, nor is it a subsystem which becomes very importantly constellative in its own right. Where relations with parental figures are strong and markedly syntonic or dystonic with the general culture pattern within which the child develops, the self image may be very closely related to Freud's superego. Where the pattern of the culture is very strong and unified but child-parent relations are diffuse, the self image may be very closely related to the social role which the individual learns early and strives to maintain as his very self with relatively slight or highly complex relationship to the superego.

Munroe suggests that the widespread emphasis on the self image as a highly individualized subsystem, flexibly adapted to changing cultural conditions, may be a characteristically modern process specific to our type of culture. Horney's emphasis on the pathologically idealized self image offers a very important insight into the dynamics of this subsystem in the social group from which most of her analytic patients came. Such dynamics are probably not universally human in the form she describes and her concept of a submerged 'real self' seems untenable to Munroe.

Underlying dynamics of the self image in our culture The author feels that the Freudian concept of identification, based on the mechanism of introjection and projection, most adequately explains its early development and the sources of its 'energy'. Further attention should be paid to aspects of the child's experience leading toward the formation of his sense of 'me,' and the parallel sense of other people as substantial independent entities.

The 'reflected appraisal' of the adults may be considered from the rather subtle angle of their taking the child as a responsible unit, rather than simply calling specific acts good or bad.

Psychoanalytic theory tends to limit itself too closely to consideration of the immediate family. What other people do is often ascribed by children to the parents, just as attributes of the parents are assigned to other people. By this process of nondifferentiation, other persons, even casual strangers, tend to enter into the formulation of the powerful parent image and reflected self image. In this sense it is the situation which must be considered rather than the 'personality' of the adult as observed by outsiders, including therapists. Scientific observation could well include more careful study of the precise role of 'other people' in the life of the little child and of the total situation which may dictate special emphases in the approach of the parent to the child which

are not predictable from insight into the general personality of the parent

A succeeding stage in what Sullivan calls the juvenile era involves the relationship between these early images and the later social images the child encounters. When these images correspond fairly well with the early formulations there is likely to be a rather continuous development for good or ill. Otherwise there may be confusion in the search for identity. The role of the self image must also be studied in relation to the ideals and opportunities offered by the society to its adult members. With due caution it seems possible to use a great many of the concepts of the various analytic schools as offering excellent insights into deep relationships operating under certain special conditions (for example Freud's superego and Horney's idealized image)

Instinctual Drives—The problem is how to reconcile the established data of the Freudian approach with cogent observations from other schools in a manner which encourages cooperative inquiry. Throughout this book Munroe urges that nonsexual systems inherent in the human organism be considered in something of the same manner as the sexual systems investigated by Freud. The proposal involves the danger of erecting again the concept of ego instincts which Freud initially proposed.

Munroe proposes that instead of thinking in terms of instincts or even instinctual drives or needs we think in terms of the major systematizations of the organism as a biological unit. Some of these systematizations are so necessary to survival as to have been built into the human species as an evolutionary product. They antedate by far any of the special terms of the milieu introduced by the more distinctively human evolutionary development especially those introduced by human society as we know it. They are profoundly similar to the systems observable in most mammals.

Hartmann's concept of ego functions of primary autonomy is very close to what the author has in mind. The visual system is very highly organized as such but apparently does not have an inner rhythm or inherent need and reacts beyond experience only in a transitory mechanical way (e.g. the afterimage). Drive systems are not basically different from other bodily systematizations except with regard to the inclusion of sensorimotor patterns involving an external component.

For some of the most important drive systems notably the sexual systems Freud's analysis of the source aim and object aspects of instinct seems valid and brilliantly implemented. It is possible to retain all of the Freudian contributions on these systems including the integrating concept of the libido except for the exclusiveness and tendency

toward theoretical reductionism based on these particular systems, considered either as systems of psychology or as disposing of a fixed quantum of "energy." The relationship between the external stimulating situation and inner tensions within the other bodily systems is apparently closer for the "nonsexual" systems than for the systems Freud offers as instinctual drives.

Aggression—The author believes that many aspects of aggression do belong among the inborn systems. It seems, however, that what is currently called aggression is not a unitary drive system, and that much confusion in Freudian theory could be avoided if the concept of an instinctual drive opposed to Eros were given up. Munroe prefers to subsume the constructive aspects of "aggression" under the neutral heading of nonsexual drive systems just discussed, with emphasis on the inborn motility patterns. These patterns may in fact be destructive, because the baby does not properly distinguish, e.g., between valuable *objets d'art* and the objects he is permitted to bang around in baby fashion. Furthermore, these systems by their very nature readily become instrumental in relation to other systems. Finally, the degree of motility in the infant is by no means an indifferent factor in the development of parent-child relations. Neutral drive systems easily become integrated with other patterns, which can be called "aggressive" or "destructive" from a social viewpoint, and may come to express "hostility." The stage of "negativism" in the toddler does not seem to the author to be intrinsically hostile or destructive, although if badly handled, may acquire a hostile flavor.

Alfred Lilienfeld, M.D.

DISORDERS OF CHARACTER

by

JOSEPH J. MICHAELS (191)

Among individuals who show the character disturbances called psychiatric behavior problems, juvenile delinquency, and psychopathic personality, a high incidence and long persistence of enuresis is found. Indications of this association have appeared in the data of various studies of delinquents, and the experienced pediatric clinician has sometimes sensed in persistent enuresis a problem different from and more serious

than other symptoms of childhood. Yet in psychiatry enuresis has been seen for the most part as a neurotic manifestation arising from the same etiological level as anxiety symptoms.

A differing view is presented in this book. The author, a psychoanalyst, proposes in this summation of twenty five years' research that there may be a psychosomatic disposition specific to the delinquent type of personality having a history of persistent enuresis. Any neo-Lombrosian emphasis is eschewed by stressing the complex experiential factors that emerge in all behavior and by psychoanalytic interpretations of persistent enuresis, juvenile delinquency, and psychopathic personality. The research stemmed from the clinical impression that persistent enuresis and personality malintegration might be intimately connected. Ranging from statistical studies to interpreting conceptions of theoretical consequence, the book develops a comprehensive (bio psycho-social) view of persistent enuresis in its relation to delinquency and psychopathy.

Starting with an interest in the significance of a high incidence of enuresis, the author was led eventually to formulate the concept of a new character type. As the work moves from its beginning in neurology through expanding frames of reference (psychobiology and psychoanalysis) the quantitative findings furnish a basis and background for integrative concepts by which persistent enuresis, delinquency and psychopathy viewed as character disorders may be fitted into their neglected place in psychoanalytic theory. To Freud's characterology of erotic compulsive and narcissistic types an impulsive type (psychopathic and neurotic) is added. The delinquent or psychopath belonging to the psychopathic impulsive type, with a history of persistent enuresis reveals a pattern of malintegration and lack of control at all levels, a pattern for which persistent enuresis is the psychobiologic paradigm.

Statistical Studies

In the first statistical studies (1934) of a group of normal children enuresis in its positive correlation with neurotic traits and its familial incidence seemed to be a reflection (individuation) of ill balanced personality rather than an independent manifestation. Left handedness sometimes considered an indicator of nervous instability, did not appear to be as clinically important an indication of disharmony of personality as enuresis.

In 1,000 neuropsychiatric patients (1939) the diagnostic groups of psychiatric behavior problems and psychopathic personality showed significantly higher incidence and longer persistence of enuresis, and a greater number of males among the enuretics than did other groups.

Lowest incidence of enuresis and smallest percentage of males among enuretics occurred in the manic-depressive group

In these studies also, incidence of enuresis was found to be highest in delinquents and psychopaths, lowest in psychotics, with normals intermediate. But in persistence of enuresis also highest in the delinquent group, normals were lowest and psychotics intermediate. This finding is later interpreted in discussing the qualitative difference between neurotic psychotic, and psychopathic reactions

Some of the concepts suggested by these first studies were as follows (1) Persistent enuresis may be seen as reflecting psychosomatically the lack of an internal inhibitory agency just as delinquency reflects a later lack sociopsychologically. Both disorders express a disequilibrium or precarious balance among the level components of the personality. (2) Transient enuresis of benign significance (neurotic) is distinguished from the chronic persistent type, the latter rooted in the instinctual layer of personality, showing faulty integration and lack of maturation and having general (biological) and specific (psychological) implications. (3) The triad association of male, psychopathic personality, and persistent enuresis is suggested as significant and is related to the hypothesis of greater aggressiveness in the male and to observations of greater aggressiveness in delinquents than in nondelinquents. (4) Although persistent enuresis is viewed as an index of diffuse disharmony, it may have varied meanings at different age levels i.e. infancy, latency, and puberty. Its study offers an approach to further understanding of the interaction between biological and psychological levels, e.g., somatic compliance.

The data of other researchers in delinquency were studied and found consistent with the author's concept that persistent enuresis is a bio-psycho-social paradigm of later delinquent behavior. Analysis of electroencephalographic data showed that behavior disorders in children with enuresis were positively associated with abnormal EEG but behavior disorders without enuresis were not. Of various antisocial traits studied, only fire-setting was similar to enuresis in positive association with abnormal EEG. Later in the work illustrative correlations are made between the incidence of fire-setting in enuretic delinquents and Freud's speculation about the relationship in primitive man between fire and urine. The electroencephalographic results raised the question whether cortical dysfunction was a background for the malintegration, delayed maturation, impulsiveness and release pattern expressed in persistent enuresis. Comparison with the urinary incontinence often associated with lobotomy and epilepsy suggested that the urinary sphincter, last to come under control ontogenetically because last to be differentiated phylogenetically, is first to be released when there is cortical dysfunction. It

is viewed as consistent if persistent enuresis a release phenomenon were a precursor of deficient control in other areas

Psychobiologic Interpretations

Corroboration of the findings in the unrelated independent samples of delinquents gave rise to the questions are persistent enuresis juvenile delinquency and psychopathic personality expressions of a basic disorder in the personality? Does the delinquent who has been persistently enuretic possess a unique configuration of personality?

Using data from Healy and Bronner fifty two variables arranged at six levels of the personality were compared in 105 delinquents and controls Forty seven of the variables had higher incidence among the delinquents than among their sibling controls (The seven traits of neuro-psychiatric development the five traits of intelligence twelve of the fourteen traits of personality and the five traits on the level of social characteristics were all positive in association with the delinquents)

Incidence of these variables in the delinquent *in toto* and in the various level categories bore out the clinical impression that the persistent delinquent is poorly integrated in the different level components It gave incentive to pursuing a qualitative approach to the individuality of the delinquent rather than a search for specific discrete causal factors

Fully recognizing the caution demanded in making generalizations when there is such variety and complexity in the delinquent personality various descriptive concepts and postulations were formulated (1) The earlier delinquency begins and the longer it persists the greater is the likelihood that constitutional features are important The more transient the delinquency as with enuresis the more likely it is to stem largely from experiential (neurotic) factors (2) A class of persistently enuretic delinquents can probably be delimited from delinquents in general (3) The special kind of psychosomatic disposition permeates this type of individual giving rise to a unique configuration of personality which is reflected in specific individuations at biological and psychological levels of the personality The ill balanced personality is characterized by poor organization and faulty integration (4) In psychoanalytic terms a dysfunction of ego and superego disturbing the equilibrium between instinctual forces and the ego results in a disharmony that is qualitatively different from the disharmony in neurosis and psychosis

Some references cited from the literature of several disciplines (psychiatry anthropology and sociology) corroborate or run parallel to various aspects of these formulations on the psychobiologic nature of delinquency

Bio Psycho Social Interpretations

The last half of the monograph re-evaluates the earlier research from a holistic framework. Persistent enuresis is viewed as a character disorder of a bio psycho-social nature and the enuresis delinquency psychopathy association is interpreted in the structural and dynamic terms of psychoanalysis.

In psychoanalytic literature there has been infrequent mention of psychopathic personality and a concern with neurotic aspects more often than with character aspects of enuresis and juvenile delinquency. Some workers, however, have recognized the need for further differentiating the entity of psychopathy of 'genuine' delinquency of the persistent, habitual type. To the advancement of this line of thought the final chapters of the book are devoted.

Following are some of the areas developed in distinguishing the unique configuration of enuretic-delinquency psychopathy from the neurotic and psychotic types of personality. (1) There is a general pattern of lack of control permeating all levels of the persistently enuretic delinquent psychopathic personality to be observed as short-circuiting in a neurophysiologic sense and an acting out (characterological) from the psychoanalytic standpoint. For example, there are hair trigger response, low threshold to stimuli (external and internal), impulsivity, recidivism. (2) The structure of personality is primitive as compared to other disorders. Illustrative concepts here are 'action concepts,' primitive defense mechanisms, dominance of the primary process and of compulsion repetition. Inadequate development of the latency period results in incapacity for instinctual renunciation, for development of defense mechanism and for differentiation in the ego. (3) There is a dominance of the pregenital stage in libidinal organization with little sublimation of the urethral component. The elaborating discussion here mentions passive feminine reactions, homosexuality, the possible association of ejaculatio praecox, persistent enuresis, and psychopathy, and "sphincter morality" as a precursor of social morality. (4) Incapacity to renounce libidinal and aggressive gratification, a low degree of conflict, weak ego and superego systems, faulty identification and object relations are other common denominators of the disorders persistent enuresis, delinquency, and psychopathy.

In assessing the relative valence of instinctual forces, ego, and super ego in etiology, the relationship rather than the specific weakness or strength of the psychic agencies is stressed when depicting the underlying pattern of malintegration. This dynamic approach is also used in further defining enuretic delinquency psychopathy by drawing contrasts

with compulsive neurosis. The latter disorder presents a strikingly antithetical picture pointing up the unique features of the disorders with which the book is chiefly concerned. Some of the contrasting aspects of compulsive neurosis discussed are low incidence of enuresis and of crime, early sphincter control, high degree of instinctual renunciation of conflict and of ability to bind anxiety, elaborate defense mechanisms, ejaculatory retardation, overcontrol in many areas, social conformity. The balance between impulsiveness and compulsiveness in the successfully adjusted personality is presented as a sidelight to this antithesis between disorders.

A discussion of the psychosomatic aspects of enuresis culminates in a description of the varied meanings of this symptom in a continuum of disorders (from neurosis to psychosis) suggesting an approach that might be useful in understanding other psychosomatic symptoms.

Impulsive Character Type

The movement of psychoanalysis from genetic interest in the particularity of individual experience with growing emphasis on the ego and cultural forces to an interest in structural problems of character is the background for the author's view that the psychopathies will eventually be fitted into the psychoanalytic framework. To this end a supplement to Freud's erotic-compulsive narcissistic characterology is suggested, namely an impulsive category divided into psychopathic and neurotic types. A structural and dynamic description of the impulsive psychopathic type reaffirms the unique malintegrated configuration of personality with the specific psychosomatic disposition expressed through the bio-psycho-social phenomena of persistent enuresis, juvenile delinquency and psychopathic personality.

Certain advantages would accrue to psychoanalytic theory if the typology were thus expanded. (1) It would lead to re-evaluation of the respective roles of constitution, maturation and experiential development. (2) It would enrich the libidinal series by proper assessment of the urethral zone and its significance for character development. (3) Impulsiveness as related to the urethral zone would be understood to form a counterpart to compulsiveness related to the anal zone. (4) The more comprehensive framework suggested would permit clearer alignment of the relationships between disorders, especially the borderline states. (5) Illustrating the usefulness of such a typological continuum, the method by which hate is resolved is discussed according to the predominant type of character structure.

Implications for therapy and prevention of persistent enuresis de-

linquency, and psychopathy include the following the significance of distinguishing between transient and persistent enuresis, the substratum of generalized control capacity as reflected in the speed of learning sphincter control may be a guide in character building, the techniques of ego analysis may aid accessibility to therapy by producing alterations that cause the delinquent psychopath to experience his characterological difficulties as neurotic symptoms

Numerous research problems are mentioned With character disorders viewed as bio psycho social phenomena, an interdisciplinary approach is recommended as appropriate, for example, in such problems as somatic compliance and social compliance, the changing nature of the types of psychiatric and medical disorders, and the cultural and ethical aspects of character

Joseph J Michaels, M D

MAGIC AND SCHIZOPHRENIA

by

CEZA RÓHEIM (231)

This posthumously appearing book is based on two essays which Róheim had planned to publish together Warner Muensterberger and S H Posinsky revised and edited the manuscript In the preface, Sandor Lorand mentions seeing an early draft of these papers in the early 1940 s, just after Róheim had come to New York Lorand describes Róheim's field studies in Central Australia in the South Seas, and in Arizona, adding that on the basis of his observations, Róheim developed an "ontogenetic theory of culture," in which the prolonged infancy and delayed development of man accounted for early traumatization, body destruction fantasies, and consequent talion anxiety

Part I The Origin and Function of Magic

Although the basic or original forms of magic and schizophrenic fantasy spring from the same roots, they are not completely synonymous Magic in general is a counterphobic attitude, a transition from passivity to activity As such, it is a basic element in thought and in the initial phase of any activity Schizophrenic magic, on the other hand, is purely 'imagination magic—realistic action does not follow In fact, schizophrenic fantasy is generally a substitute for action because the schizo-

phrenic ego is markedly weak or totally absent. As a result there is a series of diverse and fruitless attempts at restitution which may seem like magical acts. However, magic acts may appear schizophrenic in that they seem to be autarchic. Actually they are not autarchic as is illustrated by Róheim's description of various love magic rituals performed by the Aranda. Various magical acts connected with orality also convey the impression of autarchy, but close examination again shows that this is not so. The almost cure-all of primitive medicine is sucking. In magical acts associated with sucking, the medicine man acts out the part of an orally aggressive suckling.

Another association of magic with orality is through the spoken word—incantations—involved in most magics. These arise from the childhood situation in which the infant cries and the mother reacts. It follows that to achieve something in the environment, the desire must be manifested. This observation forms the basis of many magical acts and incantations. Magic is thus intermediate between pure pleasure principle and the reality principle. If it were pure pleasure principle, hallucinatory wish fulfillment would be an aim in itself. If it were pure reality principle, one would work to achieve the goal without assuming that the wish or the dramatized wish is what attains the result. Actually even in primitive societies, the native is fully aware that what accomplishes the need is his setting about the task. He needs the additional faith given to him by the magical incantation. Magic often serves as a prelude to realistic action, but it also serves to control the environment, e.g., rain and sunshine, situations in which an incantation cannot be followed by action. This is additional proof that magic is rooted in the child-mother situation, for the mother is the first environment. Wishing or manifesting the wish is the proper way of dealing with this environment and therefore with all later environments.

In the act of sucking are the roots of three different kinds of magical thinking: identification, love, and aggression. Identification or participation in the imagined qualities of what is taken in is a well-known phenomenon in magic. Identification of a part for the whole of an individual leads to various forms of sympathetic magic in which anything done to the part is conceived of as occurring to the whole person. For this reason, among many tribes, anything belonging to an individual is carefully guarded. Oral magic can also be used for evil effects and is then associated with cannibalistic fantasies.

Just as there is oral black magic, there is also anal black magic. There are many rites and rituals associated with the fantasy of defecation as a form of birth as well as an overvaluation of excrement. The role of excrement in magic is similar to that of all other excretions and

secretions as representing a part of the person and subject to the effects of magical acts. This attitude extends to anything which can symbolize excrement, e.g., mud off a native's foot must be hidden lest it be used in black magic against him.

Phallic magic is the supreme form of magic for it can protect against the evil eye, envy, and hostile magic. Among Romans, the god Priapus, a red pole with an erect phallus, protected homes. Associated with phallic magic is coitus as a means of promoting the fertility of fields or of cattle. This is well known in many cultures and societies. Very often, actual coitus may be performed as the magic fertility rite, but there may be symbolic representations of coitus by rituals or dances. These may also represent a symbolic coitus with the mother.

Identification in magic can take many forms, e.g., the repetition of an epical incantation in which events of a distant past are retold with the magical expectation that repetition will ensure the same result in the present—past and present are made synonymous. Another form of identification in magic occurs in which the desired result is achieved by representing it as occurring to the magician himself. Thus, to produce rain, the magician sprinkles water on himself. Identification comes closest to reality in the dual unity or child-mother relationship. It seems obvious that a child grows up via magic. He passes through the pregenital to the genital phases of organization, concurrently the mastery of his own body and the environment increases. This is "one's own" magic. At the same time, one grows also by identification or introjection.

The child deals with the threat of object loss either by identification or by calling upon the sources of pleasure within its own body. Magic may thus be oral, anal, urethral, narcissistic, or phallic. It is the great reservoir of strength against early frustration and later defeat by the superego. While the magical omnipotence fantasy of the child leads to growing up, magic in the hands of an adult means regression to an infantile fantasy. The primary reaction of a child consists of clinging to the mother, attempting to cancel the separation that occurred at birth. These attempts are naturally futile and the child becomes frustrated. The process of maturation occurs, with the child becoming more and more capable of fending for himself. He oscillates between independence and self-containedness, becoming detached from his mother.

It is a familiar fact that humans dislike change. The result is an abreaction of anxieties associated with change via ritual. Transitions—birth, the change from infancy to childhood, puberty to manhood, marriage, death—are all marked by rites. The transition rites of the developing child are not as formalized or as well marked as those marking the universal transitions through which everyone passes. But in the course

of making these transitions the individual withdraws cathexis from the object world investing it in his own body only to send it out again toward the object world. In other words there is (a) oral dependency (b) growth (c) genital primacy.

The road that leads to Mana (magical power) is frequently that of asceticism and self torture. This is best seen among the Yogi who renounces not only the external world but his own body. This is achieved by concentrating cathexis on parts of the body with these gradually being separated from the ego and relinquished. The practice of austerity is the means of gaining power for the ultimate union with the infinite. The road to this amounts to a complete frustration of all desires i.e. to the triumph of the superego or destrudo. The asceticism of the Yogi is a form of self punishment in which the object world a source of pleasure is taken away from the ego by the superego. Penance and austerity arise from the superego usually the preoedipal superego. The whole doctrine as the final goal. This is completely intelligible from the point of view of the fundamental dual unity of mother and child the separation being the original frustration. The archaic superego or mother image is then introjected as the bad mother and begins to kill the subject. This is the austerity phase while the communion with the infinite the attainment of absolute omnipotence is the fantasied reparation after the phase of absolute self (and object) destruction. Similar phenomena—destrudo and libido in succession or melancholia and mania—are typical of many magical rites. The omnipotence achieved in magic is a rejoinder to the regression of the superego. The superego as the introject of primary oral object frustration is emphasized in many rites with a strong emphasis on oral frustration and on an inward turning of aggression. The ego constantly tries to deny the criticisms which emanate from its own superego but without permanent success since the superego is an inner force. This tension between ego and superego is a basic factor in one's fate. This is the underlying explanation of all competitive forms of society—the ego is trying to prove to the superego that it is grown up.

Thus the structure of magical thinking can be summarized (1) oral trauma (2) body destruction fantasy (3) body-destruction fantasies turned against the ego and becoming the archaic superego (4) actual magic and magical attitudes or unconscious magic to cover up the aggression and to appease the superego. Some forms of magic can deny or camouflage the aggressions while at the same time bribing and deluding the superego by a misleading show of the opposite kind.

Neurosis and Magic—This section presents clinical material showing the neurotic and normal functions of magic in the lives of several patients

The thesis expounded is that magical attitudes or behavior are found in every neurosis. Indeed, R  heim feels that magic is an important part not only of every neurosis, but of every personality.

Typical of the cases presented is the patient who could not find employment. He had been very strictly brought up by undemonstrative parents. His mother died and his father married a woman about the patient's own age. He had an innocent love affair with a much older woman but had little to do with girls of his own age. He was a good boy in all respects, as his parents wanted him to be. The patient withdrew from all conscious competition with his father. If he were a sorcerer in a primitive culture he would wear the clothes of a child and perform an incantation: "I am a good boy." As his analysis progressed, he developed another kind of magic. He would not find a job, but instead carried on many love affairs. The aim of this coitus magic was to fight his superego. He firmly believed that he would be successful in life if he were a good lover. The coitus magic was also aimed at correcting the past by making up for the platonic nature of his love affair with the older woman. The many affairs opposed his superego by asserting his right to love, yet at the same time he carefully avoided reality by not marrying.

In most of the patients presented, the magic formula was a successful adaptation to the neurotic situation. However, in one extremely compulsive patient the magical undoing and isolation was unsuccessful, leading to an increasing exacerbation of neurotic symptomatology as though he hoped, by means of greater magical rituals to overcome the conflicts.

Magic in neurosis frequently appears in a negative form, as aggression turned against the ego. This is characteristic of the melancholic, in whom the object is introjected and the aggression turned against the incorporated object. Magic is used to destroy the object. In magic, frequently, the cathexis (libido or destrudo) is withdrawn from the object to the subject and then reprojected to the object. Magic, both conscious and unconscious, operates along these lines of oscillating between narcissism and object cathexis.

There is a relationship between magic and play. All activities with feces are magical at first and then become a revolt against the object to gain more attention. Finally this play behavior changes to that which deals with reality on the basis of excremental magic. Character (personality) tends to repeat certain reactions in order to ward off danger and achieve happiness. This is unconscious magic based upon a specific formula developed via play in childhood.

Defense mechanisms also have a role in the pattern of magic. Reaction formation, turning against the ego, introjection, aggression turned within the tendency to deal with the environment as if it were part of

the subject, are magical defense formations. Isolation, however, aims at setting up a barrier, while denial, repression and projection act as though something within can be gotten rid of by pretending it is not there.

Following Freud's definition of the pleasure principle and of the reality principle it can be said that there is a third or magical principle, that deals with the world as if it were governed by one's wishes, drives or emotions. This is an unrealistic attitude because it treats the environment as if it were the dual unity of child and mother. A person must believe that he can get what he wants in order to initiate the necessary realistic action. Therefore, one may say that mankind functions mainly according to magical principles.

If a patient's magic is regarded as part of his neurosis three types of magical thinking must be differentiated: (1) magic in its original form is the basic element in thought, the initial phase of any activity; (2) magic in schizophrenia is different, since the ego cannot integrate; only the first step is made (imagination magic) and action does not follow; (3) magic in a rigid personality with a characteristic, magical way of reacting to all situations leads to a turning against the ego, or appeasing of the superego.

The first type of magic is what is usually called sublimation. The object-directed trend (libido or destrudo) is withdrawn from the object to the ego (secondary narcissism) and is used to form intermediate objects (culture) and to master reality with one's own magic. In this sense every one practices magic or sublimation. In contrast to primitives who have an open and overt form of magic, in our complex society the belief in one's own magic becomes repressed. Why do primitives act out their magic? It may be they have a greater tendency to dramatize to act out than modern man, but it must be recognized that magic, whether conscious or unconscious, is the ever-present matrix of actions.

Part II Fantasies and Dreams in Schizophrenia

The author discusses first the relation between magic and schizophrenia. The etiology of schizophrenia is considered as the culmination of a series of circumstances which are both physiologic and psychologic. The ailment is traced to the operation of certain psychogenic precipitating causes on a generic, constitutional predisposition. Schizophrenia means split-mindedness, duality of purpose and lack of integration. The lack of integration may be based on fleeting identifications with the environment which contrast strikingly with another schizophrenic trait—the lack of transference and the rigidly inflexible attitude of the patient. He reacts with anxiety whenever attempts are made to influence

him because the imperfect development of ego boundary makes it impossible for him to set limits to the process of identification. Consequently he feels himself being passively subjected to magic. Schizophrenics frequently affirm that they are being beaten or burned, food disappears from their stomachs every organ has been removed, inverted, or cut to pieces, etc. All of this is like primitive magic—these are the things that a normal primitive believes a sorcerer can do to him.

Reich believes that an oral trauma plays a significant role in the etiology of schizophrenia. The exaggerated importance of the oral zone explains the fact that schizophrenics have a marked tendency to identify word and object, or to use words in a magical way. As Freud discovered, the role of words in schizophrenia is similar to that of images in a dream. In schizophrenia the objects have become decathected, but the cathexis is retained with the word that represents the object. The cathexis of the word may become intensified suggesting that this is a restitutive phenomenon. Symbols are used abundantly by schizophrenics, but not in the same way as in dreams or in a neurosis. To the schizophrenic, word and object, symbol and content are the same. It seems that the symbol previously used by the defense mechanism now serves the opposite purpose—it is another attempt at restitution. The tendency to use symbols is an important analogy between schizophrenia and magic. The loss of ego boundaries is a characteristic feature of schizophrenia. Patients complain that people know their thoughts, their ideas are not safely enclosed, but enter the minds of other people. This is true if it is applied to the life of the infant. Freud once remarked that *learning to talk* was the factual basis of the patient's statement that his thoughts were made by others.

Four basic types of schizophrenic fantasy can be delineated: (1) the magic power to make or restore things, to influence people, with these magic powers emanating from within; (2) the subjection to magic influences from outside, with these influences generally operating through the mouth; (3) a strong tendency to identify with other people, or with objects in the environment; (4) the patient's belief that he is really two people, but incompletely united. The concept of dual unity (mother-child relationship) clarifies the split in the personality, the identification with others, the predominance of magic in schizophrenic fantasy, and the belief that he represents two people. This magic is oral magic—the denial of infantile dependency.

Fantasies and Dreams of a Schizophrenic Patient—The productions of a schizophrenic patient are reported in detail. He was a thirty-two-year-old single male with a diagnosis of schizophrenia, hebephrenic type, who had been hospitalized for about five years. The observations

were based on three interviews a week for approximately eighteen months. Psychoanalytic therapy was not attempted since the patient seemed beyond the point of understanding interpretations. According to R  heim however the stream of the patient's talk constituted free associations with interlocking themes illustrating and explaining each other. The main themes of his associations included food, his name, bugs, and other supernatural beings, teeth, etc. The type of presentation the patient used is the folklore method which makes use of multiple versions of a theme. It was possible to follow the patient's associations and understand the many stories as being variations on basic themes having to do with oral trauma, loss of objects, etc.

His first production was a statement "I starved my stomach once and that was the same thing as starving my brain." I did not know it was not so good for others when I ate all the food in the world and that they would be hungry. When I filled myself with corn, my father nearly starved. I was afraid people would say that I worshipped food. This theme of food eaten (not eaten) recurred in endless variations. The food trouble was not only a question of nourishment, it was also a question of love or hate and of relations with the mother in particular as well as other members of his environment. The theme of starvation suggested that there had been a sudden cessation of the milk supply when he was an infant, resulting in great aggression and frustration. Some of his associations were fantasies attempting to deny the oral frustration by substituting an oral omnipotence in which he obtained everything. Another consequence of the oral frustration was a loss of his object world, really his early relations with his mother. He felt that the original oral deprivation was the prototype of his loss of normality based upon his mother's having taken everything away from him. He constantly attempted to return to the mother via fantasies, symbols or images (that is via magic) or by means of thinking his way back to the maternal breast. For this patient words constituted the path to reality to the world of objects. His many stories of returning to people did not have a happy ending for he feared that others would take the stories away from him and use them for their own purposes.

Many of his long narratives can best be described as myths. The patient himself referred to these as experiences, stories or fairy stories. They were filled with symbolism, narcissistic love choices, attempts at denial of the oral trauma, representations of the oedipal situation, birth fantasies, his feeling of being all alone, his introjecting objects and with certain excremental aspects of these internalized objects. Parental images were represented variously as being bugs within him or

as 'teethies' It was possible to conclude that there is a relationship between his internalized objects and his body destruction fantasies

The patient had several theories about his ailment One was that he had suffered from an oral frustration that his mother was bad and had taken his food away Another was a functional representation of the aggression aroused in him by this deprivation, his mother withheld the food because he did not eat it in the right way, because of his oral-sadistic trends First there was an oral frustration, then destructive trends, and finally an attempt to deny this aggression This denial often took the form of projection, as well as of denying fantasies Many of these fantasies were connected with internalized objects that ate his food, with the introjects representing the retributive part of his body-destruction fantasies To phrase this concept in another way, he fantasied himself as going into his mother's body and eating her, as a response to the oral frustration, now he was afraid that his mother, brother, and so on, would enter into him and eat his food in the same manner

Although much of the material presented is preoedipal in nature, there were many oedipal fantasies expressed For example, there was a Garden of Eden myth expressed in terms of eating an apple (breast) and incurring the wrath of god (his father) It may be assumed, therefore, that the patient progressed as far as the oedipal phase, probably beyond that to the superego stage, but his mental structure was weak because of the underlying preoedipal anxiety The patient showed many magical manipulations of words which R  heim relates to the ontogeny of speech The first sounds produced by the infant are made in an attempt to ameliorate a situation of pain or tension Sound, therefore, is definitely connected with external objects, with the attempt to name things coming considerably later When the infant is hungry and feels empty, that is, angry and aggressive, he shouts or cries, and his first great disappointment comes when mother fails to respond The schizophrenic remains at (or reverts to) this level of infantile magic.

The development of a superego comes from libido which is withdrawn from the object, and love objects are introjected into the ego In this sense Freud is quoted as indicating that this transformation is a kind of sublimation Sublimation may produce a cultural object which partakes of both narcissistic and object-erotic qualities The oscillations between ego and object are therefore stabilized, and a position is taken between the two The word often serves the function of a cultural object, linking the internal and external world, at a primitive level words are used to summon the mother when the child is hungry Some libidinal cathexis is withdrawn from the mother and invested in the word, bridging the period of tension from desire to satisfaction and laying the basis for

environment must be conditioned ontogenetically by the attitude of the mother toward the child. Evidence for this is that Central Australian tribes who live in a desert area where death by starvation is possible have no anxiety about starvation. On the other hand, natives of the Normanby Islands who live in a fertile region with ample food are continually and anxiously practicing magic to increase the food supply. The infantile situation explains this seeming paradox. In Central Australia the mothers are permissive and yielding with no weaning trauma. In the Normanby area, nursing is systematically interrupted with a sudden weaning at the end of the first year.

In terms of the patient reported in this book, his loss of object world is based on an early trauma and on his early relations with his mother. His entire fantasy system is centered about object loss and food trouble—object loss meaning the loss of mother, and food trouble referring to the loss of the internalized object. A consequence of these two anxieties is the presence of a third one—the loss of the self.

It remains uncertain whether, and to what degree, all of this can be ascribed to an exogenous trauma—or to starvation—to use the patient's language. The oral frustration would be responsible for the extraordinary amount of destructiveness directed toward the mother's body, associated with corresponding talion anxiety and the loss of the integrity of the ego. On the other hand it may be postulated that the patient had an organically weak ego and would not be able to tolerate even a normal amount of aggression without reacting to it with the utmost anxiety. If ego weakness is inherent in an individual he is more dependent, and needs more object love and support than others. Failing to attain this, he reacts with strong identification, resisting the acceptance of reality but in an attempt to restore the original child-mother unity. If there is not an inherent weakness of the ego but a real trauma, the end result is similar. The incorporation of mother, or identification with her, would be the fantasy protection against the return of the trauma.

The first form in which reality presents itself to a human being is the breast (mother) or the absence of the breast (or mother). It follows that in a psychosis where contact with reality is lost or seriously impaired, there is a revival of the fantasy formation or a regression to those fantasy formations that characterize the infant's primal relation to reality. In every psychosis therefore oral fantasies and anxieties, body-destruction fantasies, talion forms of these fantasies together with fantasies of omnipotence and identification can be found. These fantasies are found in normal and neurotic individuals but in the psychotic they are exaggerated and caricatured.

Since the oral function of obtaining nourishment is the earliest and

most important nucleus of ego development, it is possible to speak of the oral basis of the ego. The infant forms an ego by introjecting the part object, and the resultantly more integrated psychic unit (infant plus nipple) forms a superego by further introjecting the father. The ego evolves on the basis of object-directed trends, on the basis of the introjected "good nipple," which would explain the essential synthetic (integrating) function of the ego. The ego is a synthesis because it owes its origin to the mouth nipple synthesis. This synthesis in fact explains the intimate relationship between the ego and the acceptance of reality. Reality means the tolerance of frustration, suspense, and pain, this is possible on the basis of retained sensations of pleasure. Pain becomes bearable because the recurrence of past pleasure is expected and, as in the therapeutic use of the epic incantation, it is the magic of libido and of memory that makes existence tolerable.

Róheim assumes that the infant passes through a fantasy phase in its adaptation to reality, and psychosis represents a recurrence or regression to the fantasy level of infancy. It is obvious that there is an analogy with the magic of nonliterate societies. This oral phase of development, however, is a step toward reality.

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ABBREVIATIONS

AI	American Imago
AJO	American Journal of Orthopsychiatry
AJPT	American Journal of Psychotherapy
ANP	A.M.A. Archives of Neurology and Psychiatry
APPO	Acta Psychotherapeutica Psychosomatica et Orthopaedagogica
APPOS	Acta Psychotherapeutica Psychosomatica et Orthopaedagogica Supplement
BJMP	British Journal of Medical Psychology
BMC	Bulletin of the Menninger Clinic
BPA	Bulletin of the Philadelphia Association for Psychoanalysis
J	International Journal of Psycho-Analysis
JA	Journal of the American Psychoanalytic Association
JHH	Journal of the Hillside Hospital
P	Psychiatry
PA	Praxis der Kinderpsychologie und Kinderpsychiatrie
PQ	Psychiatric Quarterly
PR	Psychoanalytic Review
PSC	The Psychoanalytic Study of the Child
PSS	Psychoanalysis and the Social Sciences
Psy P	Psyche (Paris)
Psy S	Psyche (Stuttgart)
Q	Psychoanalytic Quarterly
R	Revista de Psicoanálisis
RF	Revue Française de Psychanalyse
S	Samiksa

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INSERT FOR CHAPTERS V (p 241) and VII (p 314)

BERTRAM D. LEWIN (171), in DREAM PSYCHOLOGY AND THE ANALYTIC SITUATION, continues to apply the metapsychology of sleep and the dream to the analytic situation. The unconscious of the analysand perceives the couch as a place to sleep. Should sleep be equated with death, this basic analytic situation may require interpretation. Usually the narcissistic phenomena of the couch situation are not subjected to interpretation. Counterparts of the analytic situation are to be found in *The Interpretation of Dreams*. As a transference figure, the analyst can be compared with indifferent day residues to which unconscious ideas lend their cathexis, as interpreter, he is equated with external stimuli which threaten to arouse. The analyst is also opposite to external stimuli which promote sleep, such as crooning, the full stomach, and memories of the nursing situation. The lulling effects of the analyst represent the trace of the preoedipal mother and the wish fulfillments leading to sleep, so far as the analyst awakens the analysand, he represents the preoedipal father. Psychoanalysis is formed from the wish to associate freely with the object of interpretation as dreams are formed from the wish to preserve sleep. It uses the same psychic systems, although in different proportions. The analyst is at both ends and around the diagram of the psychic apparatus, he is around the couch as the external world is around the dream.

Lewin traces the analytic situation to the hypnotic one and observes that with the modification of the hypnotic session into the analytic hour, the therapist's theoretical interest was diverted from problems centering about sleeping states to the contents of the patient's remarks and behavior. Although the analysand was primarily a neurotic and only secondarily a dreamer, we may plausibly speculate whether an alternative path could not have been chosen, namely, to regard the analytic material and what happens on the couch not as something like a neurosis but instead, something like a dream, and to introduce dream concepts and the dream psychological terminology.

One function of the dream which has come to be neglected in psychoanalytic thinking is its guardianship of sleep. Lewin has previously illustrated that neurosis can be thought of as having a similar function. When hypnotic therapy was given up and the couch technique substi-

tured overt sleep was abandoned by mutual agreement between therapist and patient. However whatever is rejected in the course of conflict solving may return in disguise. And so it is with sleep in the analytic situation. Its accepted disguise is free association likewise a sleep guardian.

When one applies the metapsychology of sleep and the dream to the psychoanalytic situation coincidences appear narcissism of sleep and dream coincides with narcissism on the couch and the rare blank sleep dreams the manifest dream text is similar to the manifest analytic material dream formation is to be compared with analytic situation formation it is the exception to use Freud's word to the basic narcissism. One can conceive of the blank dream as approximating the narcissism of sleep and epitomizing what narcissism can mean not only in dream and sleep psychology but also in the term *narcissistic neurosis* signifying the direct experience of the nursing including sleep at the breast. Despite our theory in ordinary dream interpretation narcissism is left to one side and to a certain extent this is also true in our ordinary interpretation of the standard analytic situation.

Associations during analytic hours frequently reveal the wish for or fear of a soothing drug because among other things of conflicts related to sleep. Anesthesia fears most commonly relate to the fear of dying. Pregenital fears of being put to death or sleep relate to being devoured, poisoned or suffocated some fears of loss of consciousness pertain to a fear of the afterlife or bad dreams. The resistance to analysis may like that to sleep or anesthesia be due to death or its corollaries. Being hypnotized anesthetized killed put to sleep may be represented by lying down on the analytic couch. In all its variety the most obvious interpretation not necessarily the deepest is that the couch is a place for sleeping.

Lewin discusses Rank's theory that the analytic situation represents an intrauterine state. Rank seemed unaware that he was deceived by *parental fantasies* that rebirth accompanies the resolution of the analytic situation. According to Lewin the intramaternal situation can be interpreted as fantasied attempts to fulfill the wish to sleep the birth trauma manifestations as resistance to waking up from the analytic bed. The intramaternal fantasy is a later more complicated and more highly processed fantasy of the oedipal period which contains later knowledge and impressions about gestation.

Rank's active injunction the setting of a terminal date provoked a regressive protest to having the couch stay cut short and the patient then portrayed being untimely ripped from the analytic couch as an anxious painful awakening the traumatic birth. In the oedipal setting

the regressively expressed formula for this would read the father is waking and weaning me betimes from my sleep with the mother

Lewin turns from the general exposition of the analytic situation in terms of sleep and dream metapsychology to individual elements of the couch situation. First taking up free association, he remarks that from the beginning, analysts have known that this was not only a way of thinking but that varying purposes determined its use. Boerne and Schiller employed free associative means to obtain material for literary work. Herbert Silberer recorded freely arising ideas and feelings for psychological investigation of this variety of thinking and had in common with Jung a second philosophical or mystical motive for using them. Whether free association be used for literary creation, for psychological science for mystical experience or for philosophical guidance or inspiration, the solitary process of associating differs from the association desirable on the analytic couch in that there is probably no transference involved. However, this does not imply that individual associating is free from repressions or defenses, should one prefer to retain the use of the word resistance for the situation on the couch.

After hypnotism was abandoned, Freud early learned that patients could not live up to their promise to associate freely. They experienced a counterforce which resembled the countersuggestion with which Freud was familiar from his work with hypnosis. Resistance to hypnosis was replaced by resistance to free association. The patient, in conflict about free association, may ask for hypnotic drugs or fall into a sleepy or mystical frame of mind. As the dream is the guardian of sleep, so is the analyst the guardian of free association.

Affects which appear on the couch or in solitary association are like those which appear in dreams. They are part of the manifest content. The individual meditator will likely take them as warranted and act on their face value, but the Freudian intention is that they be analyzed.

Lewin approaches the problem of the position of the analyst in the metapsychology of the dream by first taking up the case of the unanalytic free associator. Each seeks a confidant, whether he be an editor, as with Boerne or Schiller, or whether the confidant is but a fantasied figure. During the transition from hypnotic treatment to catharsis and analysis the neurotic changed from a hypnotic subject to a confider and the therapist became a psychoanalyst. Hypnosis was thought of as sleep from which the patient probably anticipated passing into a better waking state. The magical sleep-maker became a confidant, an analyst. But he is no isolated spot in the diagram of the psychic apparatus, he belongs at several places within it, as well as being around it, he can be mapped in terms of dream psychology as a day residue, an external ex-

itant and an external soother. In the sense that he is a perception he is a day residue. In his role as interpreter, since he operates on the aphorism 'Where id was let ego be' and since in sleep the ego rejoins the id, he becomes an external stimulant disturbing sleep. In infancy noises and words are powerful excitants and arousers. Manifest words which appear at the end of dreams are superego-awakeners and to be awakened is to be weaned, to be brought back into the world. The couch, as a representative of sleep and thus a derivative of the feeding mother, is backed by the analyst, who in his role of awakener is the 'spoof' of the preoedipal father. However the analyst also plays the role of the soother. He continuously operates either to put the patient to sleep a little as well as to awaken him, an effect which may be quite unconscious for both participants of the couch situation. Therapists who are physicians are known to have ambivalence toward their patients in the sense that one part of their desires is to have the analysand as compliant as their first patient, the anatomical corpse, a sleeper. The sleep therapies of psychosis may be in part derived from the therapist's desires to put to sleep and arouse the patients from the nightmares which are their psychoses.

The analyst is not only one who puts to sleep and arouses the analysand—he is also on the border of the dream. In the blank dreams he is represented as a soother and there is no border. Such a mapping places the analyst in the place of sleep itself.

Thus it is possible to find the couch situation's counterpart in *The Interpretation of Dreams*. As a transference figure the analyst is to be paired with indifferent precipitates or day residues to which unconscious ideas lend their cathexis. As interpreter, he stands for a current external stimulant which tends to arouse the dreamer, the remnant of the preoedipal father, as soother he represents the preoedipal mother, the one who nurses to sleep. He is around the couch as the external world is around the dream.

The rest of the mapping on to the couch of dream psychology is not difficult for analysis—formation is like dream formation and involves the same memory traces and psychic systems, though usually in different proportions. Blank dreams are approximated by the blank couch, that is, sleep on the couch where the narcissism of sleep which is under the dream comes out into the open as couch narcissism.

the regressively expressed formula for this would read the father is waking and weaning me betimes from my sleep with the mother"

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